

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**. Complete ALL items on top half of form. Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Derriok Perdue Date Submitted 08/12/24  
 School/Work Site FSMS  
 Name of Meeting/Conference NISL  
 Date(s) of Meeting/Conference March 17<sup>th</sup> - 18<sup>th</sup> Departure Time 3:00am Return Time 7:00pm  
 Place of Meeting/Conference Lexington, Ky  
 Rationale for Attendance Professional Development  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) TD

**Estimated Expenses:**

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
		<u>\$80</u>	<u>158.24</u>				<u>\$238.24</u>

Principal Signature: \_\_\_\_\_ Grant/Admin: [Signature]  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 8/19/24

Submit this section upon returning. Include any original required receipts and signatures.

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

\*\*\* Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.\*\*\*

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

**Reimbursement Due** \_\_\_\_\_

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date

Central Office Use:

\_\_\_\_\_  
Coding

\_\_\_\_\_  
CFO Approval

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# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Desriok Perdue Date Submitted 08/12/24  
 School/Work Site FSMS  
 Name of Meeting/Conference NISL  
 Date(s) of Meeting/Conference April 22nd - 23rd Departure Time 3:00am Return Time 7:00pm  
 Place of Meeting/Conference Lexington, Ky  
 Rationale for Attendance Professional Development  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) TQ

**Estimated Expenses:**

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
		<u>\$80</u>	<u>198.21</u>				<u>\$278.21</u>

Principal Signature: \_\_\_\_\_ Grant/Admin: [Signature]  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 8/19/24

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## TRAVEL EXPENSE REIMBURSEMENT REQUEST

\*\*\* Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.\*\*\*

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

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**Reimbursement Due** \_\_\_\_\_

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date

Central Office Use:

\_\_\_\_\_  
Coding

\_\_\_\_\_  
CFO Approval

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# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Perrick Peldre Date Submitted 08/14/2024

School/Work Site FSMS

Name of Meeting/Conference NISL

Date(s) of Meeting/Conference May 21<sup>st</sup> - 22<sup>nd</sup> Departure Time 3:00 am Return Time 7:00 pm

Place of Meeting/Conference Lexington, Ky

Rationale for Attendance PD

Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) TO

**Estimated Expenses:**

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
		<u>\$80</u>	<u>\$158.24</u>				<u>\$238.24</u>

Principal Signature: \_\_\_\_\_ Grant/Admin: [Signature]

Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds

Approved  Not Approved...  
Reason \_\_\_\_\_

[Signature]  
Superintendent Signature Date 8/19/24

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## TRAVEL EXPENSE REIMBURSEMENT REQUEST

\*\*\* Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.\*\*\*

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

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**Reimbursement Due**

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date

Central Office Use:

\_\_\_\_\_  
Coding

\_\_\_\_\_  
CFO Approval



Submit this form to the Principal and Superintendent for PRIOR APPROVAL. Complete ALL items on top half of form. Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Sue Lynn Truter Date Submitted 9/9/2024  
 School/Work Site Middle School  
 Name of Meeting/Conference 6FS Food Show  
 Date(s) of Meeting/Conference 9/18/24 Departure Time 7:00am Return Time 2:00pm  
 Place of Meeting/Conference Ky Expo Center Louisville, Ky  
 Rationale for Attendance Annual food show  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) Food Service

**Estimated Expenses:**

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
		<u>\$20</u>					<u>\$20</u>

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature J. She Date 9/11/24

Submit this section upon returning. Include any original required receipts and signatures.

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

\*\*\* Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.\*\*\*

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

**Reimbursement Due** \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Central Office Use:

\_\_\_\_\_

Coding

\_\_\_\_\_

CFO Approval

\_\_\_\_\_

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Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Sarah Richardson Date Submitted 9/9/2024  
 School/Work Site Central Office  
 Name of Meeting/Conference KSNIA Administrator's Conference  
 Date(s) of Meeting/Conference 9/18-9/20/24 Departure Time 7:00 am Return Time 3:00 pm  
 Place of Meeting/Conference Hyatt Regency Louisville, KY  
 Rationale for Attendance Annual Admin/Dir. Conference  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) Food Service

**Estimated Expenses:**

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
	<u>\$540</u>	<u>\$80</u>	<u>\$123.</u>				<u>\$743</u>

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_  
 Superintendent Signature [Signature] Date 9/16/24

Submit this section upon returning. Include any original required receipts and signatures.

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

\*\*\* Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.\*\*\*

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

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**Reimbursement Due**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Central Office Use:

\_\_\_\_\_

Coding

\_\_\_\_\_

CFO Approval

\_\_\_\_\_

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.  
Complete ALL items on top half of form.  
Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Sue Swift Date Submitted 9/9/2024  
 School/Work Site Lincoln  
 Name of Meeting/Conference GFS Food Show  
 Date(s) of Meeting/Conference 9/18/24 Departure Time 7:00am Return Time 2:00pm  
 Place of Meeting/Conference KY Expo Center Louisville, KY  
 Rationale for Attendance Annual food show  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) Food Service

**Estimated Expenses:**

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
		\$20					\$20

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 9/11/24

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## TRAVEL EXPENSE REIMBURSEMENT REQUEST

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					Amount	Explanation	

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**Reimbursement Due**

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date

Central Office Use:

\_\_\_\_\_

Coding

\_\_\_\_\_

CFO Approval

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Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**. Complete ALL items on top half of form. Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Dyan Wilhite Date Submitted 9/9/24  
 School/Work Site FSHS  
 Name of Meeting/Conference FCCLA FALL LEADERSHIP MEETING  
 Date(s) of Meeting/Conference 9/20/24 Departure Time 8am Return Time 3pm  
 Place of Meeting/Conference WKY  
 Rationale for Attendance OFFICER / LEADERSHIP TRAINING  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) \_\_\_\_\_

**Estimated Expenses:**

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
					\$100		\$100

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature \_\_\_\_\_ Date 9/11/24

Submit this section upon returning. Include any original required receipts and signatures.

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

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Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Dyan Wilhite 9/9/24  
 Employee Signature Date  
 \_\_\_\_\_  
 Supervisor Signature Date

**Reimbursement Due**

Central Office Use:

\_\_\_\_\_

Coding

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CFO Approval