Employee Name Defrick Perdre	Date Submitted 08/12/24
School/Work Site F5M S	
Name of Meeting/Conference	
Date(s) of Meeting/Conference Moisk 17	The Departure Time 3:00 am Return Time 7:00 pm
Place of Meeting/Conference	ky
Pationale for Attendance (OFESSING)	Development
Expenses paid by: 🔲 SBDM 🗎 PD 🔲 Spec	Ed KETS Other (MUST Specify) 16
Estimated Expenses:	
Registration Lodging Meals See policy on back*	Mileage Substitute Other Total Est. Expenses \$1.00 per day
Principal Signature:	Grant/Admin: Required if Expenses are Paid by Grant Funds
Prior Superintendent Approval:	
Approved Not Approved	8/19/24
Reason	Superintendent Signature Date
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.***  Other Expenses  Iging Meals Amount Explanation
*** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lod	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lod	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lod	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lod	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lod	Other Expenses Total
Part Per Board Policy 03.125 and 03.225: "Out-of-District  Date # Miles Charge @ Lod \$.46  Lod  Affidavit: I hereby certify that all expenses included in the	Amount Explanation  Total  Amount Explanation  Total  Reimbursement Due
*** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lod	Amount Explanation  Total  Amount Explanation  Total  Reimbursement Due  F official business; that they are proper County Board of Education; and that all
Pate # Miles Charge @ Lod \$.46 Lod  Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson	Amount Explanation  Total  Amount Explanation  Total  Reimbursement Due  F official business; that they are proper County Board of Education; and that all

Employee Name Defrick Perdre Date Submitted	08/12/24
School/Work Site F5M S	
Name of Meeting/Conference MTSL	
Date(s) of Meeting/Conference April 230 Departure Time_	3:00am Return Time 7:00pm
Place of Meeting/Conference Lexington, Ky	
Rationale for Attendance Professional Development	17)
Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Spec	cify) 1 Q
Estimated Expenses:	
Registration Loughig Weals Wineas	ubstitute Other Total Est. Expenses 100 per day  # 236.24
Principal Signature: Grant/Admin:	Mulin Smith
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	8/19/24
Reason Superintendent Signature	Date
Ottelligi (Eddited receipes our signatures)	EIMBURSEMENT REQUEST
A STATE OF THE STA	ad within thirty (20) days of the travel return date ***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted."	Other Expenses
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted."  Date # Miles Charge @ Lodging Meals Amoun	Other Expenses Total
Charge @ Lodging Meals	Other Expenses Total
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Charge @ Lodging Meals	Other Expenses Total
Charge @ Lodging Meals	Other Expenses Total
Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals Amour	Other Expenses Total
Date # Miles \$.46 Lodging Meals Amoun  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	Other Expenses Total  Total
Date # Miles Charge @ Lodging Meals Amour	Other Expenses Total  Total
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.	Other Expenses Total  Reimbursement Due  Central Office Use:
Date # Miles \$.46 Lodging Meals Amount \$.46 Lodging Meals Amount \$.46 Lodging Meals Amount \$.46 Lodging Meals Amount \$.45	Other Expenses Total  Reimbursement Due

Employee Name	ick Peldre	-	Date	e Submitte	d 08/14/2024	
School/Work Site					*	
Name of Meeting/Confe	rence NISL					
Date(s) of Meeting/Conf	erence May	メノナータチュ	Depart	ture Time	31.00 an Return 7	Time 7100pm
Place of Meeting/Confer	ence Loting	ten ky	/			
Rationale for Attendance	PU				±n.	
Expenses paid by:	SBDM □ PD □	Spec Ed 🛭 KI	ETS Other (	MUST Spe	cify) <u>(</u>	
Estimated Expenses:						
Registration Lodg	See policy		er mile B, J4	\$	Substitute Other	Total Est. Expenses
Principal Signature: Prior Superintendent Ap			Grant/A	Admin:	Required if Expenses are	Paid by Grant Funds
ApprovedN			4	11		diales
Reason		Supe	rintendent Sign	nature		Date
DI IZ([[d]   CUUII CU   CU	eipts and signature	s. In	AAET EVL	LIASE I	REIMBURSEMEI	AL MEGGES!
THE RESIDENCE OF THE PARTY OF T	eipts and signature and 03.225: "Out-of Charge @ \$.46	ALCOHOLD .			ted within thirty (30) days of Other Expenses	
*** Per Board Policy 03.125	and 03.225: "Out-of Charge @	-District Travel Rein	nbursements MUS	T be submit	ted within thirty (30) days of Other Expenses	the travel return date.***
*** Per Board Policy 03.125	and 03.225: "Out-of Charge @	-District Travel Rein	nbursements MUS	T be submit	ted within thirty (30) days of Other Expenses	the travel return date.***
*** Per Board Policy 03.125	and 03.225: "Out-of Charge @	-District Travel Rein	nbursements MUS	T be submit	ted within thirty (30) days of Other Expenses	the travel return date.***
Date # Miles  Affidavit: I hereby certify the employee of Simpson Count	charge @ \$.46  t all expenses include y Schools in the cap	Lodging  Lodging  led in the above states acity of official bu	Meals  Meals  Meals  Meals  Meals  Meals	Amour Amour	ted within thirty (30) days of Other Expenses	Total
Date # Miles  Affidavit: I hereby certify that	charge @ \$.46  t all expenses includy Schools in the caparsement from the S	Lodging  Lodging  led in the above states of official buitingson County Boa	Meals  Meals  Meals  Meals  Meals  Meals  Meals  Meals	Amour Amour	ted within thirty (30) days of Other Expenses  The Explanation	Total
Date # Miles  Affidavit: I hereby certify the employee of Simpson Count charges qualifying for reimbor	charge @ \$.46  t all expenses includy Schools in the caparsement from the S	Lodging  Lodging  led in the above states of official buitingson County Boa	Meals  Meals  Meals  Meals  Meals  Meals  Meals  Meals	Amour Amour	ted within thirty (30) days of Other Expenses  It Explanation  Reimbursement D	Total

Employee Name A-bi	gail Philli	DS	Date	e Submitte	8-1	-24	
School/Work Site	SHS						
Name of Meeting/Confe	rence Kent	ucky si	tate Fo	air	7:24	444	1.000
Date(s) of Meeting/Conf	erence <u>8/15</u>	- 8/16	Depar	ture Time _			ne 6:30pm
Place of Meeting/Confer	ence KY E)	cpo cer	iter-L	<u>ouis</u>	Ville	, KY	
Rationale for Attendance	studen	f Achie	nemer	t (cai	reer	<u>bevelopn</u>	nent Even
Expenses paid by:	SBDM □ PD □	Spec Ed 🛭 K	ETS 🗆 Other (	MUST Spec	cify) _C	TE FER E	ns
Estimated Expenses:							
Registration Lodg	ging <b>Me</b> a See policy o				ubstitute 100 per day	Other	Total Est. Expenses
22:				2	200		482
2					2.	161	
Principal Signature:			Grant/	Admin:	Requir	ed if Expenses are Pa	aid by Grant Funds
Prior Superintendent Ap	lot Approved		4	Shel	U		e/18/24
Reason	TOT Approved	Supe	erintendent Sign	nature			Date
Per Board Policy 03.125  Date # Miles	and 03.225: "Out-of- Charge @ \$.46	District Travel Rein Lodging	mbursements MU: Meals	Amour	Other E		Total
Affidavit: I hereby certify tha	t all expenses includ	ed in the above st	atement were inco	urred by an	Rei	mbursement Du	e
employee of Simpson Count	ty Schools in the cap ursement from the S	pacity of official buildings on County Bo	usiness; that they ard of Education;	are proper		mbursement Du	e
Affidavit: I hereby certify tha employee of Simpson Count charges qualifying for reimbo data furnished here within is Employee Signature	ty Schools in the cap ursement from the S	pacity of official buildings on County Bo	usiness; that they ard of Education;	are proper		Office Use:	e

Employee Name Sue ym Trus	Date Submitted 9992024	1
School/Work Site	shoot .	
Name of Meeting/Conference	Departure Time 7:00 AM Return Time	-21mm
Date(s) of Meeting/Conference 918		162:00011
Place of Meeting/Conference	xps (enter louisville, K	4
Rationale for Attendance	TOOK Show	2///
Expenses paid by:   SBDM  PD  Spe	ec Ed KETS Other (MUST Specify)	VICE
Estimated Expenses:		
Registration Lodging Meals See policy on back		Total Est. Expenses
Principal Signature:	Grant/Admin:	
Prior Superintendent Approval:	Required if Expenses are Pai	d by Grant Funds
Approved Not Approved	- tohe	9/11/20
Reason	Superintendent Signature	Date
Submit this section upon returning. Include any original required receipts and signatures.	I KAVEL EXPENSE KENVIBURSENIEN	T REQUEST
Charge @	ct Travel Reimbursements MUST be submitted within thirty (30) days of the Other Expenses	
Charge @		e travel return date.***  Total
Date # Miles Charge @ Lo	Other Expenses	
Date # Miles Charge @ Lo	Other Expenses	
Date # Miles Charge @ Lo	Other Expenses	
Date # Miles Charge @ Lo	Other Expenses	
Date # Miles Charge @ Lo	Other Expenses	
Date # Miles Charge @ Lo	Other Expenses	
Date # Miles Charge @ Lo	Other Expenses	
Date # Miles Charge @ Lo	Other Expenses Amount Explanation	Total
Date # Miles Charge @ \$.46 Lo	Meals  Amount Explanation  Amount Explanation  the above statement were incurred by an of official business; that they are proper	Total
Date # Miles Charge @ \$.46 Lo	Meals  Amount  Explanation  the above statement were incurred by an of official business; that they are proper in County Board of Education; and that all	Total
Date # Miles Charge @ \$.46 Lo	Meals  Meals  Amount  Explanation  The above statement were incurred by an of official business; that they are proper in County Board of Education; and that all st of my knowledge.  Central Office Use:	Total
Date # Miles Charge @ \$.46 Lo	Other Expenses Amount Explanation  the above statement were incurred by an of official business; that they are proper in County Board of Education; and that all	Total

Employee Na	meSW	WARI	chard	Son_Dat	e Submitted _	99/2024	
School/Work			Office				
Name of Me			1	10ts 17 Lin	of Con	serence	
Date(s) of Me	eeting/Confe	rence <u>118</u> -	9/30/20	Depar	ture Time 🛨	OO am_Return Tin	ne 3:00 pm
Place of Mee	ting/Confere	ence Hy	att Re	gency (	ivenia		
Rationale for			Hamir	Mr.	contect		1
Expenses pai	d by:	SBDM □ PD	□ Spec Ed □	KETS Other	MUST Specify	Food Ser	vice_
Estimated Ex	penses:			V -			
Registratio	n Lodgin		y on back* \$0.4	Nileage Airf 16 per mile		stitute Other per day	Total Est. Expenses
	tendent App red No		Su	Grant/	-She	Required if Expenses are Pa	id by Grant Funds  9/u/24  Date
		returning. Inclu		RAVELEXE	ENSE KEI	<b>MBURSEMEN</b>	LKEUUESI
		ipts and signatu nd 03.225: "Out-o Charge @ \$.46	100		T be submitted	within thirty (30) days of the Other Expenses Explanation	
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel F	Reimbursements MUS	ST be submitted	within thirty (30) days of the Other Expenses	e travel return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel F	Reimbursements MUS	ST be submitted	within thirty (30) days of the Other Expenses	e travel return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel F	Reimbursements MUS	ST be submitted	within thirty (30) days of the Other Expenses	e travel return date.***
Affidavit: I here employee of S charges qualify	# Miles  # Wiles  eby certify that impson County ing for reimbur	charge @ \$.46  s.46  all expenses inclusions in the consequent from the	Lodging  Lodging  ded in the above apacity of official Simpson County	Meals  Meals  statement were incubusiness; that they Board of Education; a	Amount  Amount  arred by an are proper and that all	Reimbursement Due	Total
Affidavit: I here employee of S charges qualify	# Miles  # Wiles  eby certify that impson County ing for reimbur	charge @ \$.46 \$.46	Lodging  Lodging  ded in the above apacity of official Simpson County	Meals  Meals  statement were incubusiness; that they Board of Education; a	Amount  Amount  arred by an are proper and that all	within thirty (30) days of the Other Expenses Explanation	Total
Affidavit: I here employee of S charges qualify	# Miles  # Miles  eby certify that impson County ing for reimbur here within is to	charge @ \$.46  s.46  all expenses inclusions in the consequent from the	Lodging  Lodging  ded in the above apacity of official Simpson County	Meals  Meals  statement were incubusiness; that they Board of Education; a	Amount  arred by an are proper and that all	Reimbursement Due	Total

Employee Name Sue Swift	Date Submi	itted 9 9 2025	
School/Work Site			
Name of Meeting/Conference	Food Show		
Date(s) of Meeting/Conference 918 24	Departure Tin	ne 7:00am_Return Time	2:00pm
Place of Meeting/Conference	s Center 1	Dusville, ky	•
Rationale for Attendance	d Show	Fo. 1 Co.	1110
Expenses paid by:   SBDM PD Spec Ed	☐ KETS ☐ Other (MUST S	Specify) 1000 September 1000 Septemb	vice
Estimated Expenses:			
Registration Lodging Meals See policy on back* \$	Mileage Airfare 0.46 per mile	Substitute Other To \$100 per day	otal Est. Expenses
Principal Signature:	Grant/Admin:		
Prior Superintendent Approval:	1011	Required if Expenses are Paid	by Grant Funds
Not Approved	Jam		9/11/24
Reason	Superintendent Signature		Date
Submit this section upon returning. Include any original required receipts and signatures.  **** Per Board Policy 03.125 and 03.225: "Out-of-District Trave  Date # Miles Charge @ Lodging \$.46	Reimbursements MUST be sub	REIMBURSEMENT mitted within thirty (30) days of the t Other Expenses ount Explanation	
DESCRIPTION OF THE PROPERTY OF			
		Λ	
Affil 1. I I I I I I I I I I I I I I I I I I	us statement were incurred by	Reimbursement Due	
Affidavit: I hereby certify that all expenses included in the abo employee of Simpson County Schools in the capacity of offici	ial business; that they are prope	er	
charges qualifying for reimbursement from the Simpson Count data furnished here within is true and correct to the best of my		Central Office Use:	
Fundament Cignotum		Carlina	
Employee Signature	Date	Coding	

Employee N	lame Dua	n Wilh	ite	Dat	e Submitted	9/9/24	
	rk Site				<u> </u>		
Name of Me	eeting/Confere	ence FCCL	A TAL	L LEAT	PRESHIP	MEETING	
Date(s) of N	/leeting/Confe	rence	1/20/24	Depai	rture Time <u></u>	am Return Tim	ne 3pm
Place of Me	eting/Confere	nce WK	1				
Rationale fo	or Attendance	OPPICER	- LEADE	PSHIP -	MAININ	19	
Expenses pa	aid by: 🗆 S	BDM PD [	□ Spec Ed □ I	KETS Other	(MUST Specify)		
Estimated E	xpenses:						
Registratio		ng Me. See policy		eage Airf per mile	\$100 p	er day	Total Est. Expenses
Prior Superi Appro	gnature: ntendent Appr oved Ne	Approved	Sup	erintendent Sig	Shl	Required if Expenses are Pai	d by Grant Funds  9/11/2-f  Date
origina	l required recei	pts and signatur	25.	AAFFFY	LINGE INE	MBURSEMENT	MEQUEST
		pts and signature and 03.225: "Out-of Charge @ \$.46	and the same of th		ST be submitted w	ithin thirty (30) days of the her Expenses Explanation	
*** Per Board	d Policy 03.125 ar	nd 03.225: "Out-of Charge @	-District Travel Re	imbursements MU:	ST be submitted w	ithin thirty (30) days of the her Expenses	travel return date.***
*** Per Board	d Policy 03.125 ar	nd 03.225: "Out-of Charge @	-District Travel Re	imbursements MU:	ST be submitted w	ithin thirty (30) days of the her Expenses	travel return date.***
*** Per Board	d Policy 03.125 ar	nd 03.225: "Out-of Charge @	-District Travel Re	imbursements MU:	ST be submitted w	ithin thirty (30) days of the her Expenses	travel return date.***
*** Per Board	d Policy 03.125 ar	nd 03.225: "Out-of Charge @	-District Travel Re	imbursements MU:	ST be submitted w	ithin thirty (30) days of the her Expenses	travel return date.***
*** Per Board	# Miles	nd 03.225: "Out-of Charge @ \$.46	E-District Travel Re Lodging	Meals	Ot Amount	ithin thirty (30) days of the her Expenses Explanation	Total
Affidavit: I he employee of charges qualit	# Miles  # Miles  reby certify that a Simpson County fying for reimburs dhere within is tr	charge @ \$.46  \$.46  all expenses include Schools in the capement from the Sue and correct to the sement of the se	Lodging  ded in the above sopacity of official beginners to be best of my know the bes	Meals  Meals  tatement were incusiness; that they pard of Education; a	Amount  Ot  Amount  urred by an are proper and that all	ithin thirty (30) days of the her Expenses	Total
Affidavit: I he employee of charges qualit	# Miles  # Miles  Preby certify that Simpson County fying for reimburs dhere within is tr	charge @ \$.46  \$.46  sall expenses include Schools in the case	Lodging  ded in the above sopacity of official beginners to be best of my know the bes	Meals  Meals  tatement were incusiness; that they pard of Education; a	Amount  Ot Amount  Oth Amount  Oth Control Con	ithin thirty (30) days of the her Expenses Explanation  Reimbursement Due	Total