

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Chelsea Adams Date Submitted 10/16/24
 School/Work Site FSHS YSC
 Name of Meeting/Conference NCO follow-up meeting
 Date(s) of Meeting/Conference 10/16/24 Departure Time 11:00 AM Return Time 4:00 PM
 Place of Meeting/Conference First Baptist Church
 Rationale for Attendance NCO
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) 0402104-0580-120L

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>19.32</u>				

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature _____ Date 10/17/24

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Chelsea Adams Date Submitted 10/15/24
 School/Work Site FHS YSC
 Name of Meeting/Conference Fall Institute
 Date(s) of Meeting/Conference 10/28-10/30 Departure Time 8:00am Return Time 4:30pm
 Place of Meeting/Conference The Galt House Louisville, KY
 Rationale for Attendance FRYSC Fall Institute
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) 0402104-0500-1281

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
			129.20				

Principal Signature: _____

Grant/Admin: _____

Prior Superintendent Approval:

Required if Expenses are Paid by Grant Funds

☒ Approved ☐ Not Approved...

Reason _____

Superintendent Signature _____

Date 10/17/24

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

Central Office Use:

Employee Signature _____

Date _____

Coding _____

Supervisor Signature _____

Date _____

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 Arlene Cleary Date Submitted 9/10/24
School/Work Site Franklin Elementary School
Name of Meeting/Conference IEP & Progress Monitoring for New Teachers
Date(s) of Meeting/Conference 9/12 & 9/30 Departure Time 8:30 Return Time 3:30
Place of Meeting/Conference GRECC
Rationale for Attendance I am a new teacher.
Expenses paid by: ☐ SBDM ☐ PD ☒ Spec Ed ☐ KETS ☐ Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
			\$24				

Principal Signature J. Anderson Grant/Admin. Keely Baker
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature JSH Date 9/17/24

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 Amount Explanation	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.

Reimbursement Due

Arlene Cleary 9/10/24
Employee Signature Date
J. Anderson 9/15/24
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 Arline Cleary Date Submitted 9/10/24
School/Work Site Franklin Elementary School
Name of Meeting/Conference Strong Foundations: Series for Special Education Trailblazers
Date(s) of Meeting/Conference 9/20 Departure Time 8:30 Return Time 3:30
Place of Meeting/Conference GRECC
Rationale for Attendance I am a new Special Education teacher.
Expenses paid by: ☐ SBDM ☐ PD ☒ Spec Ed ☐ KETS ☐ Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
			\$12				

Principal Signature: [Signature] Grant/Admin: Kelly Baker
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 9/17/24

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

Arline Cleary 9/10/24
Employee Signature Date
[Signature] 9/15/24
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 Kelli Combs Date Submitted 9/12/2024
School/Work Site SES
Name of Meeting/Conference NAEA
Date(s) of Meeting/Conference 3/20 - 3/23/25 Departure Time 4 pm Return Time 4 pm
Place of Meeting/Conference Louisville, Ky

Rationale for Attendance _____

Expenses paid by: ☒ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) _____

Estimated Expenses: 210.00 pd from Art account with School funds.

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
210.00	829.50	120.00	110.40	—	200.00		1469.90

Principal Signature: [Signature] Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds

☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 10/17/24

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	
3/20/25		107.20	829.50				
3/21/25							
3/22/25							
3/23/25							

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

Reservation Summary

Check-in	Wed, Mar 19, 2025
Checkout	Sat, Mar 22, 2025
Rooms	1
Guests per room	1

LOUISVILLE MARRIOTT DOWNTOWN

KING ROOM	USD 705.00
1 adult, 3 nights	
Change rooms	

Subtotal	USD 705.00
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TAXES & FEES

Hotel Room Tax (17.66% per night)	USD 124.50
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Grand Total	USD 829.50
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NATIONAL
ART EDUCATION
ASSOCIATION

ORDER INVOICE

Date: September 4, 2024
Order #: 1523280

Bill To:
Member# 69895
Kelli Combs
110 Lamplighter Dr
Bowling Green, KY 42104-6437
kelli.combs@simpson.kyschools.us
(270) 991-2975

Ship To:
Member# 69895
Kelli Combs
110 Lamplighter Dr
Bowling Green, KY 42104-6437
kelli.combs@simpson.kyschools.us
(270) 991-2975

Description	Quantity	Price	Amount
2025 NAEA National Convention (03/20/2025 - 03/22/2025 EST) (Active Registration)	1	\$210.00	\$210.00

Payment is due on receipt.

Subtotal: \$210.00

Please make checks payable to National Art Education Association, and mail to: PO Box 98361, Washington, DC. 20090.

Credit Used: \$0.00

If you wish to pay via credit card, please contact NAEA Member Services or pay online through your NAEA Profile.

Total: \$210.00

Questions? Contact NAEA Member Services at members@arteducators.org or by calling NAEA Member Services at (800) 299-8321 (M-F, 8:15 - 4:30 ET).

Total Paid: \$0.00

Balance Due: \$210.00

pd ck
2371
10-15-24 - cs

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 Craig DeIK Date Submitted 9/16/24
School/Work Site Transportation
Name of Meeting/Conference K&E Transportation Director Terry
Date(s) of Meeting/Conference Oct. 29, 2024 - Departure Time Return Time
Place of Meeting/Conference Oct 30, 2024 300 Square Blvd Frankfort Ky, 40601
Rationale for Attendance Director Terry (updates on Laws/Issue & Network)
Expenses paid by: ☐ SBDM ☒ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify)

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
—		100.00	150.88	—	—		250.88

Principal Signature: _____ Grant/Admin: Shirley Smith
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 9/18/24

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	
10/28/24	16.4	\$ 75.44		\$ 40.00			
10/29/24				\$ 40.00			
10/30/24	16.4	\$ 75.44		\$ 20.00			

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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 Garrel Evans Date Submitted 9/12/24
School/Work Site F5H5
Name of Meeting/Conference Raising Hope Farmer's Appreciation Day
Date(s) of Meeting/Conference 9/18/24 Departure Time 8:00 AM Return Time 2:00 PM
Place of Meeting/Conference WILV Expo
Rationale for Attendance Civil Service
Expenses paid by: ☒ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	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 ASHL Date 9/18/24

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 Lucinda Eversman Date Submitted 9/9/24
School/Work Site Franklin & Lincoln Elem
Name of Meeting/Conference FRYSC Regional Meeting
Date(s) of Meeting/Conference 9/19/24 Departure Time 7am Return Time 1pm
Place of Meeting/Conference 160 Old Mulkey Rd, Tompkinsville Ky (Eastern Time)
Rationale for Attendance FRYSC Regional Meeting required
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) FRYSC

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
			116 mil \$53.36				\$53.36

Principal Signature: [Signature] Grant/Admin: [Signature]
Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason: _____ Superintendent Signature [Signature] Date 9/13/24

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 Amount Explanation	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.

Reimbursement Due

Employee Signature Lucinda Eversman Date 9/9/24
Supervisor Signature [Signature] Date 9.12.2024

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 Lucinda Eversman Date Submitted 9/19/24
School/Work Site Franklin & Lincoln Elem
Name of Meeting/Conference ASAP
Date(s) of Meeting/Conference 9/24/24 Departure Time 11am Return Time 1pm
Place of Meeting/Conference 178 Academic Way Morgantown, Ky 42201
Rationale for Attendance _____
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) FRVSC

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
			92 mi/ \$42.32				\$42.32

Principal Signature: [Signature] Grant/Admin: [Signature]
Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 9/13/24

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 Amount Explanation	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.

Reimbursement Due

Employee Signature Lucinda Eversman Date 9/19/24
Supervisor Signature [Signature] Date 9.12.2022

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 Preston Graves Date Submitted 10/14/2024
 School/Work Site Simpson Elementary School
 Name of Meeting/Conference Go Teach KY onboarding meeting
 Date(s) of Meeting/Conference 10/30/2024 Departure Time 6am Return Time 4pm
 Place of Meeting/Conference 300 Sower Blvd. Frankfort, KY
 Rationale for Attendance Go Teach KY Ambassador program participant
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) KDE/EPsB

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: [Signature] Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 10/15/24

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 Amount Explanation	Total
Reimbursement Due						

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.

Preston M Graves
 Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding _____

CFO Approval _____



Preston Graves <preston.graves@simpson.kyschools.us>

GoTeachKY Ambassador Program

1 message

Edwards, Justin - Division of Educator Recruitment and Development

Wed, Oct 9, 2024 at

<justin.edwards@education.ky.gov>

8:31 AM

To: "Graves, Preston" <preston.graves@simpson.kyschools.us>

Good morning Preston,

Thank you for submitting your application for the GoTeachKY Ambassador program. Your passion for the field of education is evident, and we are excited to ask you to join the ambassador team! As in-service teachers, GoTeachKY Ambassadors will promote the teaching profession and share with individuals planning their future career, or looking for a career change, what this incredible work means to you.

Please make plans to join us on **October 30th from 11:00 AM - 1:30 PM (ET) at 300 Sower Blvd in Frankfort, KY** for an onboarding meeting to describe the ambassador role and how we will partner to recruit the next generation of Kentucky teachers! You will receive an invitation and agenda in advance of the meeting.

If you are no longer able to fulfill an ambassador position, please respond to Justin Edwards to decline. If accepting, please see the Finance and Administration Cabinet's Vendor Self-Service (VSS) website at this hyperlink, Welcome to CGI Advantage Vendor Self Service Portal: Home to create a new vendor id (KY#) as well as to modify an existing vendor id.

If you already have a KY Vendor ID you do not need to apply again, just send that KY Vendor ID number to Jessica Durham and CC me (Justin Edwards) on there as well.

After you receive a KY Vendor ID, you will need to email that KY Vendor ID to Jessica Durham and CC me (Justin Edwards) on it.

Sincerely,

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 Lori Honshell Date Submitted 10/16/24
School/Work Site SES FRC
Name of Meeting/Conference Fall Institute
Date(s) of Meeting/Conference 10/27-10/30 Departure Time _____ Return Time _____
Place of Meeting/Conference Galt house Louisville Ky
Rationale for Attendance State Conference
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) SES FRC
Estimated Expenses: 1002104-0580-129L

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

Principal Signature: [Signature] Grant/Admin: [Signature]
Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 10/17/24

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 Amount	Explanation	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.

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 Jonathan Daniel King Date Submitted 09-05-24
School/Work Site FSHS
Name of Meeting/Conference Third District Beta
Date(s) of Meeting/Conference 09-24 Departure Time 8:30 Return Time 2:30
Place of Meeting/Conference Hillwe Heights
Rationale for Attendance Proctor Test for Beta and supervise students
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Beta

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	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 J Shl Date 9/12/24

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

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 Jessica Lester Date Submitted 8/30/24
School/Work Site FES
Name of Meeting/Conference Preschool Homevisits
Date(s) of Meeting/Conference 8/22 - 8/30/2024 Departure Time _____ Return Time _____
Place of Meeting/Conference Simpson county residence
Rationale for Attendance A required component of the Preschool program's HV.
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) PRK

Estimated Expenses:

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

Principal Signature: _____ Grant/Admin: Kelley Baker
Prior Superintendent Approval: _____
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature J. Stul Date 9/12/24
Required if Expenses are Paid by Grant Funds

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	
8/22/24	15.3	7.04					7.04
8/26/24	11.1	5.11					5.11
8/27/24	11.1	5.11					5.11
8/29/24	10.3	4.74					4.74
8/30/24	22.1	10.17					10.17
8/26/24	29.9	13.75					13.75

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.

Employee Signature Jessica Lester Date 8/30/24
Supervisor Signature Kelley Baker Date 9/10/24

Reimbursement Due 32.07
40.81

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 Shalee Mann Date Submitted 10/14/2024
School/Work Site Franklin-Simpson High School
Name of Meeting/Conference Crisis Response
Date(s) of Meeting/Conference Oct 16 2024 Departure Time 730a Return Time 430p
Place of Meeting/Conference GRREC
Rationale for Attendance Crisis Response Team
Expenses paid by: ☒ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
/	/	/	63 x .46 = \$28.98	/	/	/	28.98

Principal Signature: _____ Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature J Shl Date 10/15/24

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

SECRETARY OF THE ARMY

School/Work Site RTC

Date(s) of Meeting/Conference Nov 24-26, '24 Departure Time 6:00 am Return Time 5:00 pm

Rationale for Attendance Early Childhood Conference

Estimated Expenses:

Principal Signature: _____ Grant/Admin: _____
Required if Expenses are Paid by Grant Funds


☒ Approved ☐ Not Approved...  2/15/24

Signature Date

1971

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted by the employee to the District Office within 60 days of the date of the expense." ***							
Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	
Reimbursement Due							

data furnished here within is true and correct to the best of my knowledge.



Employee Signature

Date

Supervisor Signature _____ Date _____

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 Michelle McPherson Date Submitted 09/16/2024
School/Work Site FS HS-CTE
Name of Meeting/Conference New Teacher Institute (NTI) Fall Meeting
Date(s) of Meeting/Conference Oct. 29-30, 2024 Departure Time 6pm Return Time 9pm
Place of Meeting/Conference Madisonville Community College
Rationale for Attendance mandatory
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Local

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>0</u>	<u>\$189.00</u>	<u>\$80</u>	<u>\$77.83</u>	<u>0</u>	<u>\$200</u>	<u>0</u>	<u>\$546.83</u>

Principal Signature: [Signature] Grant/Admin: [Signature]
Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 9/19/24

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 Michelle McPherson Date 09/16/24
Supervisor Signature [Signature] Date _____

Central Office Use:

0402118-0580-106L
Coding

CFO Approval