Emplovee Na	eme Ch	elseg 1	7dams	Dat	e Submitte	d 10/14/2	4
School/Worl	site F	SHS YS	<u>C</u>			k 4	
	- 0.5	ence NC	O FOLLOW		eetin		
Date(s) of M	eeting/Confe	rence 10	6/24	Depar	ture Time	1:01 a M Return	Time +: 00 pm
Place of Mee	eting/Confere	ence Firs	+ Baptis	+ Chur	ch_		
Rationale fo	r Attendance				-		
Expenses pa	id by: 🗆 S	SBDM □ PD	□ Spec Ed □ K	ETS Other (	MUST Spe	cify) <u>0402104-</u>	0580-1281
Estimated Ex	penses:						
Registratio	n Lodgii			eage Airfa er mile		ubstitute Other 100 per day	Total Est. Expenses
			19.				
		1	111-	74		. ////	
Principal Sigi		4		Grant/	Admin:	Jeffell	
	tendent App			1	-A	Bequired if Expenses are	e Paid by Grant Funds
Approv	ved No	ot Approved	_		Dh		10/01/20
Neason			Supe	erintendent Sigi	nature	-	Date
	THE RESERVE OF THE PERSON NAMED IN COLUMN	nd 03.225: "Out-o Charge @ \$.46	Samuel World C.			Other Expenses	f the travel return date.***
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	-						
employee of S charges qualify	impson County ing for reimbur	Schools in the casement from the	ided in the above stapped in the above stapped in the above stapped in the above stapped in the best of my know	usiness; that they a ard of Education; a	are proper	Reimbursement I	Due
Employee Si	gnature			Date		Coding	,
					-		v
Supervisor S	ignature			Date		CFO Approval	<del> </del>

Employee Name Chelsea Ac	AMDate Şubmi	tted   0   15   24
School/Work Site FSHS YSC		
Name of Meeting/Conference Fall	Institute	
Date(s) of Meeting/Conference 10 2	4 . 1	ne 8:000M Return Time 4:30 PM
Place of Meeting/Conference The Gul+	1	/i
		/ <del>-   -   -   -   -   -   -   -   -   - </del>
Rationale for Attendance FRYSC	Fall Institute	
Expenses paid by:	Spec Ed □ KETS ☑ Other (MUST S	pecify) <u>0402104-0590-128</u>
<u>Estimated Expenses</u> :		
Registration Lodging Meal: See policy on		Substitute Other Total Est. Expenses \$100 per day
Principal Signature:  Prior Superintendent Approval:	Grant/Admin:	Required if Expenses are Paid by Grant Funds
Approved Not Approved  Reason		10/1/24
Treason	Superintendent Signature	, Date
*** Per Board Policy 03.125 and 03.225: "Out-of-D  Date # Miles \$.46	istrict Travel Reimbursements MUST be subr	Other Expenses Ount Explanation  REIMBURSEMENT REQUEST  Total
		·
Affidavit: I hereby certify that all expenses included employee of Simpson County Schools in the capa	•	110
charges qualifying for reimbursement from the Sim data furnished here within is true and correct to the	pson County Board of Education; and that a	
Employee Signature	Date	Coding

Employee Name Actene Cleary	Date Submitted 9/10/24
School/Work Site Franklin Elementary	School
Name of Meeting/Conference IEP + Page	ess Monitodas for New Teaches
Date(s) of Meeting/Conference 9/17 3 9/	Departure Time 8:30 Return Time 3:30
Place of Meeting/Conference <u>GRECC</u>	
Rationale for Attendance I am a New	steacher:
Expenses paid by: SBDM PD Spec	Ed 🗖 KETS 🗖 Other (MUST Specify)
Estimated Expenses:	
Registration Lodging Meals See policy on back	
	424
Principal Signature Adulum	Grant/Admin Keller Ball
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	78/ 9/1/2
Reason	Superintendent Signature Date
Superda Maria Sana unan sousistine Include any	
Submit this section upon returning, include any original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REQUEST
original required receipts and signatures.  *** Per Board Policy 03.125 and 03.225: "Out-of-Distriction of the control of the	t Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.*
*** Per Board Policy 03.125 and 03.225: "Out-of-Distric	
original required receipts and signatures.  *** Per Board Policy 03.125 and 03.225: "Out-of-District  Date # Miles Charge @ Lo	t Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.*  Other Expenses  Total
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original required receipts and signatures.  *** Per Board Policy 03.125 and 03.225: "Out-of-District  Date # Miles Charge @ Lo	t Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.*  Other Expenses  Total
original required receipts and signatures.  *** Per Board Policy 03.125 and 03.225: "Out-of-District  Date # Miles Charge @ Lo	t Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.*  Other Expenses  Total
original required receipts and signatures.  *** Per Board Policy 03.125 and 03.225: "Out-of-District  Date # Miles Charge @ Lo	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.*  Other Expenses Amount Explanation  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-Districe  Date # Miles Charge @ \$.46 Lo  \$.46  Affidavit: I hereby certify that all expenses included in the	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.*  Other Expenses Amount Explanation  Total  Amount Explanation  Reimbursement Due
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	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.*  Other Expenses Amount Explanation  Total  Property of the travel return date.*  Total  Reimbursement Due  for official business; that they are proper County Board of Education; and that all
*** Per Board Policy 03.125 and 03.225: "Out-of-Districe  Date # Miles Charge @ \$.46 Lo \$.46  Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.*  Other Expenses Amount Explanation  Total  Description:  Reimbursement Due  Reimbursement Due  Central Office Use:
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 data furnished here within is true and correct to the best	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.*  Other Expenses Amount Explanation  Total  Provided the submitted within thirty (30) days of the travel return date.*  Other Expenses Explanation  Reimbursement Due  Reimbursement Due  County Board of Education; and that all of my knowledge.  Central Office Use:
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	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.*  Other Expenses Amount Explanation  Total  Description:  Reimbursement Due  Reimbursement Due  Central Office Use:
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Employee Name All	re (lear	3	Date Su	ubmitted	9/10/24	
School/Work Site Food	Llin Floma	tan School	1			
Name of Meeting/Confere	ence Strong	Foundations	: Series for :	Special Fo	ducation Tra	ulblazers
Name of Meeting/Confere Date(s) of Meeting/Confere	ence 9/20		Departure	e Time	Return T	ime <u>3:30</u>
Place of Meeting/Confere	nce <u> </u>	ECC				
Rationale for Attendance	Iamane	w Special	Education	in teach	ner.	
Expenses paid by:	BDM 🗆 PD 🖻	Spec Ed	Other (MU	JST Specify) _		
Estimated Expenses:						
Principal Signature:  Prior Superintendent Appr	See policy of					Total Est. Expenses  Paid by Grant Funds
Approved No			/	1-5h	L	5/17/20
Reason		Superin	tendent Signatu	ire		Date
Submit this section upon original required received			/EL EXPEN	ISE REIN	IROK2FIMEL	NT REQUEST
original required receip  *** Per Board Policy 03.125 an  Date # Miles	ots and signature	INAV		e submitted witl		
original required receil  *** Per Board Policy 03.125 an	ots and signature od 03.225: "Out-of- Charge @	s, I NA V District Travel Reimbu	rsements MUST be	e submitted witl Othe	nin thirty (30) days of t or Expenses	the travel return date.***
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original required receil  *** Per Board Policy 03.125 an	ots and signature od 03.225: "Out-of- Charge @	s, I NA V District Travel Reimbu	rsements MUST be	e submitted witl Othe	nin thirty (30) days of t or Expenses	the travel return date.***
*** Per Board Policy 03.125 an  Date # Miles  Affidavit: I hereby certify that a employee of Simpson County	ots and signature id 03.225: "Out-of- Charge @ \$.46  slide expenses include schools in the cap	District Travel Reimbu  Lodging  ed in the above statem acity of official business	Meals  Meals  ment were incurred ess; that they are p	Amount  I by an proper	nin thirty (30) days of t or Expenses	the travel return date.***  Total
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Employee Name Kelli Combs	Date Submitted 9/12/2024
School/Work Site SES	
Name of Meeting/Conference NATA	
Date(s) of Meeting/Conference $\frac{3}{20} - \frac{3}{20}$	23/25 Departure Time 4 pm Return Time 4 pm
Place of Meeting/Conference Louisvill	e, ky
Rationale for Attendance	
	Ed 🗆 KETS 🗀 Other (MUST Specify)
Estimated Expenses: 210,00 pd. from	- Art account with School Funds.
Registration Lodging Meals See policy on back*	Mileage Airfare Substitute Other Total Est. Expenses \$0.46 per mile \$100 per day
210.00 829.50 .120.00	1.11.00.
cont Schoolfunds, AAAS	Grant/Admin:
Principal Signature:  Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	10/17/2
Reason	Superintendent Signature Date
Submit this section upon returning. Include any original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REQUEST
	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.**
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Charge @	ging Meals Other Expenses Total  Amount Explanation
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Date # Miles Charge @ Lod	Ging Meals Total
Date # Miles Charge @ Lod	Ging Meals Total
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Date # Miles Charge @ Lod.	ging Meals Amount Explanation Total  Amount 5  Amount 5  Amount 5  Amount 6  Amount 6  Amount 6  Amount 7  Amount 7  Amount 7  Amount 6  Amount 7  Amount 7  Amount 7  Amount 6  Amount 7  Amount 7
Date # Miles Charge @ \$.46 Lod.	Meals  Amount  Explanation  Total
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 County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the simpson County Schools in the capacity of charges qualifying for reimbursement from the capacity of charges qualifying for r	Meals  Amount  Explanation  Total  above statement were incurred by an official business; that they are proper County Board of Education; and that all
Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of	Meals  Amount  Explanation  Total  above statement were incurred by an official business; that they are proper County Board of Education; and that all
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 County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the simpson County Schools in the capacity of charges qualifying for reimbursement from the capacity of charges qualifying for r	Meals  Amount  Explanation  Total  Total  Amount  Reimbursement Due  Reimbursement Due  County Board of Education; and that all of my knowledge.  Central Office Use:
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 County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the simpson County Schools in the capacity of charges qualifying for reimbursement from the capacity of charges qualifying for r	Meals  Amount  Explanation  Total  above statement were incurred by an official business; that they are proper County Board of Education; and that all
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 County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the capacity of charges qualifying for reimbursement from the capacity of charges qualifying for reimbursement from the capacity	Meals  Amount  Explanation  Total  Total  Amount  Reimbursement Due  Reimbursement Due  County Board of Education; and that all of my knowledge.  Central Office Use:

#### Reservation Summary

Check-in	Wed, Mar 19, 2025
Checkout	Sat, Mar 22, 2025
Rooms	1
Guests per room	1
LOUISVILLE MARRIOTT DOWNTOWN	
KING ROOM 1 adult, 3 nights Change rooms	USD 705.00
Subtotal	USD 705.00
TAXES & FEES Hotel Room Tax (17.66% per night)	USD 124.50
Grand Total	USD 829.50



#### 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.

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

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

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).

**Subtotal:** \$210.00

Credit Used: \$0.00

Total: \$210.00

Total Paid: \$0.00

Balance Due: \$210.00

Pd CK 10-15-24 - CS

					0	/ /		
Employee Name	RAIS Le	<u> </u>	Date	e Submitte	- <i>9//</i>	16/24		
School/Work Site		×						
Name of Meeting/Con	ference KE	F TRMS	podston D	irector 1	TRAY			
Date(s) of Meeting/Co	nference Oct.	29 202	y —Depar	ture Time_	0	Return T	ime	
	Oct	30, 202				En W.	Ky, 4060	2/
Place of Meeting/Conf	erence							4
Rationale for Attendan	ce Director	TRAY (C	postes of	MUST Spor	LSS6	e a Nen	and _	
Expenses paid by:	□ SBDM 🗹 PD 🛚	□ Spec Ed □	KEIS LI Other (	(MOST Spec	,iiy)			
Estimated Expenses:							Total Est Force	****
Registration Lo	dging Me See policy		leage Airfa per mile		u <b>bstitute</b> 100 per day	Other	Total Est. Exper	nses
APPENDENCE OF THE OWN		1-		_			250.00	,
	100.	00 125	0.88	-	1.	17 -	250.88	
Principal Signature:			Grant/	Admin:	Shelin	me V		
Prior Superintendent A			1 -	-01	Require	d if Expenses are I	Paid by Grant Funds	s 
Approved			5	M	-		9/18/2	24
Reason		Su	perintendent Sigi	nature			Dat	te
Submit this section up	on returning. Includ	le any	AVEL EXP	ense R	EIMBL	IRSEMEN	T REQUE	ST
original required re	eceipts and signatur				March & Charles	the season and a second	6 c . 4 mm 1 mm 2 cm 1 mm 1	
tes Day Board Delley 02 12	5 and 03 225: "Out-of	-District Travel Re	imbursements MUS	ST be submitt		irty (30) days of t	the travel return da	
*** Per Board Policy 03.12	25 and 03.225: "Out-of	f-District Travel Re		ST be submitt		enses	No. of the last of	
Per Board Policy 03.12  Date # Miles	25 and 03.225: "Out-of	-District Travel Re	eimbursements MUS Meals	ST be submitt Amoun	ed within th Other Exp	oirty (30) days of to benses Explanation	the travel return da	
Date # Miles	25 and 03.225: "Out-of Charge @ \$.46	f-District Travel Re	Meals		ed within th Other Exp	enses	No. of the last of	
*** Per Board Policy 03.12	25 and 03.225: "Out-of Charge @	f-District Travel Re	Meals		ed within th Other Exp	enses	No. of the last of	
Date # Miles	25 and 03.225: "Out-of Charge @ \$.46	f-District Travel Re	# 40. 00		ed within th Other Exp	enses	No. of the last of	
Date # Miles	25 and 03.225: "Out-of Charge @ \$.46	f-District Travel Re	Meals \$ 40. ∞		ed within th Other Exp	enses	No. of the last of	
Date # Miles	25 and 03.225: "Out-of Charge @ \$.46	f-District Travel Re	* 40. 00		ed within th Other Exp	enses	No. of the last of	
Date # Miles  10/28/24   16/4	25 and 03.225: "Out-of Charge @ \$.46	f-District Travel Re	* 40. 00		ed within th Other Exp	enses	No. of the last of	
Date # Miles	25 and 03.225: "Out-of Charge @ \$.46	f-District Travel Re	* 40. 00		ed within th Other Exp	enses	No. of the last of	
Date # Miles  10/28/24   16/4	25 and 03.225: "Out-of Charge @ \$.46	f-District Travel Re	* 40. 00		ed within th Other Exp	enses	No. of the last of	
Date # Miles  10/28/24   164  10/29/24  10/30/24   164	25 and 03.225: "Out-of Charge @ \$.46 \$ 75	i-District Travel Re	* 40. 00 40.	Amoun	ed within the	Explanation	Total	
Date # Miles  10/28/24   16/4  10/20/24   16/4  Affidavit: I hereby certify to ampleyon of Simpson Col.	Charge @ \$.46 \$ 75	Lodging  Lodging  ded in the above a	Meals  \$ 40.	Amoun	ed within the	enses	Total	
Date # Miles  10/28/24   16/4  10/20/24  Affidavit: I hereby certify the employee of Simpson Coucharges qualifying for rein	Charge @ \$.46 \$ 75  that all expenses includinty Schools in the calculations of the calculations of the supersement from the supersemen	Lodging  Lodging  ded in the above spacity of official Simpson County B	Meals  \$ 40.	Amoun	ed within the Other Exp	Explanation  bursement Do	Total	
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Date # Miles  10/28/24   164  10/30/24   164  Affidavit: I hereby certify the temployee of Simpson Coucharges qualifying for reim data furnished here within	Charge @ \$.46 \$ 75  that all expenses includinty Schools in the calculations of the calculations of the supersement from the supersemen	Lodging  Lodging  ded in the above spacity of official Simpson County B	Meals  \$ 40.	Amoun	Rein	Explanation  bursement Description	Total	

Employee N	lame	vel Es	runs	Dat	e Submitted	9/12/24	
	LCH.	= (45					
Name of Me	eeting/Confer	ence Ra	sing Hope	e Farner	is Af	Precintion Pu	<i>y</i>
Date(s) of N	leeting/Confe	rence 9/18	124	Depar	ture Time	Sioo An Return Tim	ne 2:00 PM
			LU EX				
Rationale fo	r Attendance	- Circ	Service	<u> </u>			
Expenses pa	aid by:	SBDM DPD	□ Spec Ed □ k	(ETS DOther (	MUST Speci	fy)	
Estimated E	xpenses:						
Registratio	on Lodgi			eage Airfa		ostitute Other O per day	Total Est. Expenses
		See policy	on back* \$0.46	per mile			100
					16		100
Principal Sig	nature:/		_	Grant/	Admin:		
Prior Superi	ntendent App	roval:		1-0	1	Required if Expenses are Pai	d by Grant Funds
Appro	ved // No	ot Approved	_ <	Tow	۷		9/18/24
Reason			Sup	erintendent Sigi	nature		Date
*** Per Board	d Policy 03.125 a	nd 03.225: "Out-o	f-District Travel Rei	mbursements MUS	ST be submitte	d within thirty (30) days of the	travel return date.***
*** Per Board	d Policy 03.125 a # Miles	Charge @		mbursements MUS	ST be submitted	Other Expenses	travel return date.*** Total
		Parameter State of the State of	f-District Travel Rei	Service Control		Other Expenses	
		Charge @	f-District Travel Rei	Service Control		Other Expenses	
		Charge @	f-District Travel Rei			Other Expenses	
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		Charge @	f-District Travel Rei			Other Expenses	
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		Charge @	f-District Travel Rei			Other Expenses	
		Charge @	f-District Travel Rei			Other Expenses	
Date  Affidavit: I he	# Miles	Charge @ \$.46	f-District Travel Rei	Meals	Amount	Other Expenses	
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Employee N	ame Will	nda Ever	sman_	Date	Submitte	d 9	9124	
			Lincoln Dr					
Name of Me	eting/Confer	ence PRUS	1 ROMERAL	2 Martin	2			
Date(s) of M	leeting/Confe	erence	9/19/24	Depart	ure Time _	Jan	≥M Return Ti	ime <u>Ipm</u>
	-		old mulke	y Rd, TO	mpkin	Sville !	Ky (Past	torn Timo)
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Expenses pa	nid by:	SBDM □ PD	□ Spec Ed □ K	ETS DOther (N	MUST Spe	ify) _ F	RySC	
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Reason			Supe	rintendent Signa	ature			Date
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*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rein	nbursements MUST	be submitt	e <b>d within th</b> Other Exp	irty (30) days of t enses	he travel return date.**
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rein	nbursements MUST	be submitt	e <b>d within th</b> Other Exp	irty (30) days of t enses	he travel return date.**
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*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rein	nbursements MUST	be submitt	e <b>d within th</b> Other Exp	irty (30) days of t enses	he travel return date.**
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rein	nbursements MUST	be submitt	e <b>d within th</b> Other Exp	irty (30) days of t enses	he travel return date.**
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rein	nbursements MUST	be submitt	e <b>d within th</b> Other Exp	irty (30) days of t enses	he travel return date.**
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Employee Name <u>Winda Fressman</u>		ed 919124	
School/Work Site Franklin & Lincoln	Elem		
Name of Meeting/ConferenceASAP			
Date(s) of Meeting/Conference 9 24124	Departure Time	e <u>Ilam</u> Return Time	_lpm
Place of Meeting/Conference 178 Academic U	Dey Morgantown	, Ky 422101	
Rationale for Attendance		EPI)ca	
Expenses paid by:	KETS ☐ Other (MUST Sp	ecify)	
Estimated Expenses:	_		
See policy on back* \$0.4	lileage Airfare 6 per mile	Substitute Other To \$100 per day	otal Est. Expenses
921	ni/ 2.32		\$42.32
Principal Signature:	Grant/Admin:	wall—	_
Prior Superintendent Approval:		Required if Expenses are Paid	by Grant Funds
✓ Approved Not Approved	1566		9/13/24
	perintendent Signature		Date
Submit this section upon returning. Include any original required receipts and signatures.	RAVEL EXPENSE	REIMBURSEMENT	REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel R	eimbursements MUST be submi		ravel return date.***
Date # Miles Charge @ Lodging	Meals	Other Expenses	ravel return date.*** Total
Charge @		Other Expenses	
Date # Miles Charge @ Lodging	Meals	Other Expenses	
Date # Miles Charge @ Lodging	Meals	Other Expenses	
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Superintendent for PRIOR APPROVAL. Complete ALL items on top half of form. Attach Meeting Registration Form

**Supervisor Signature** 

Employee Name Presto	in Grave	28	Date S	Submitted	10/12	112026	1	
School/Work Site Simpl	on fleme	ntary s	CNOUL					
Name of Meeting/Conference	GO TEACH	1 KY 0	nboardi	ng m	eetina	1		
Date(s) of Meeting/Conference	te 10 30 20	24	Departui			v Return T	ime 4DV	71
Place of Meeting/Conference	300 Sow	er Blvd	. Frans	ffort,	KY			
Rationale for Attendance <u>f</u>	teach t	4 Amp	assador	rpro	graw	1 parti	cipant	-
Expenses paid by:   SBDN	И □ PD □ Spe	c Ed	Other (M	UST Specif	y) Y-DE	IEPSB		
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Prior Superintendent Approva			40	0	ricquirea	ii Expenses are	-1-	21
Approved Not Ap Reason	provea		J Oh	<u> </u>			10/15	Data
Neason		Superint	endent Signat	lure				Date
Submit this section upon retur	ming, Include any	TDAN		ACE DE	IN ADI	DCENAEN	IT DEOL	LECT
original required receipts a  *** Per Board Policy 03.125 and 03	and signatures.  225: "Out-of-Distric	W .	Sements MUST b	e submitted	<b>within thi</b> Other Expe	rty (30) days of		n date.***
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#### **GoTeachKY Ambassador Program**

1 message

Edwards, Justin - Division of Educator Recruitment and Development <justin.edwards@education.ky.gov>

Wed, Oct 9, 2024 at 8:31 AM

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 30<sup>th</sup> 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,

**Supervisor Signature** 

#### SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Nan School/Work S Name of Meet Date(s) of Meet Place of Meeti Rationale for A Expenses paid	ting/Confere eting/Confer ing/Conferer Attendance	ence 10/27 ence Gal State	Conf	TUPL	Sure Time	1-1 Ky cify) 5E5	eturn Time	
Estimated Exp	enses:				1002	104-0581	129	L
	endent Appr	See policy oval: t Approved	on back* \$0.46 p	Grant/A	dmin:_	ubstitute Ot		by Grant Funds  Date
original re	quired receip	eturning. Includ its and signatur d 03.225: "Out-of	es.			EIMBURSE ed within thirty (30) o		
		Charge @		2 2 3 3 3 3 3		Other Expenses		Total
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Date	# Miles		Lodging	Meals	Amour	t Explana	ition	
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Date

**CFO Approval** 

Employee N	ame		2001	UT NO DO	te Submitte		-05-24	
School/Wor	k Site	SHS						
Name of Me	eting/Confer	ence TI	ird Di	strict Be	q			
Date(s) of N	leeting/Confe	rence 09.	- 24	Depa	rture Time	8:30	Return Tir	ne <u>2:30                                    </u>
Place of Me	eting/Confere	ence Hill	lule 1-	eights				
Rationale fo	r Attendance	Procto	r Test	for Beta	ava,	Super	vise St	rulents
Expenses pa	nid by: 🔲 S	SBDM □ PD	☐ Spec Ed	☐ KETS <b>X</b> Other	(MUST Spe	cify)	eta	
Estimated E								
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		$\mathcal{L}$						100
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Prior Superi	ntendent App	roval:		1		Require	d if Expenses are Pa	id by Grant Funds
		Approved	-	0	XW			9/12/21
Reason				Superintendent Sig	nature			Date
		ipts and signatu	Control of Section 1982		-110-1			T REQUEST
E SET B		nd 03.225: "Out-o Charge @	114 4 2 2 4		ST be submit	ted within th Other Exp	William Tolling	e travel return date.*** Total
Date	# Miles		of-District Trave Lodging	Reimbursements MU Meals	ST be submit	Other Exp	William Tolling	e travel return date.***  Total
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Employee NameDate S	ubmitted <u>8/30/24</u>
School/Work SiteFES	· / *
Name of Meeting/Conference Preschool Home visits	
Date(s) of Meeting/Conference 8/22 - 8/30/2024 Departur	re TimeReturn Time
Place of Meeting/Conference Simpson county re	sidences.
Rationale for Attendance A Cequired Component  Expenses paid by:   SBDM PD Spec Ed KETS Other (MI	fre freschool fragrams HV.
Expenses paid by: SBDM DPD Spec Ed KETS Other (Mi	UST Specify) PRK
Estimated Expenses:	
Registration Lodging Meals Mileage Airfare  See policy on back* \$0.46 per mile	\$100 per day
Principal Signature: Grant/Ada Prior Superintendent Approval:	Required Expenses are Paid by Grant Funds
Approved Not Approved	- SIN 6/2/28
Reason Superintendent Signat	cure Date
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be	NSE REIMBURSEMENT REQUEST
rei boald rolley 03.123 and 03.223. Out of bistrict frater fichibalisements most b	e submitted within thirty (50) days of the travel return date.
Date # Miles Charge @ Lodging Meals	Other Expenses  Amount Explanation  Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals \$.46  8/22/24 15.3 7.04	Other Expenses Total
Date # Miles Charge @ Lodging Meals \$.46  8/22/24 15.3 7.04  8/26/24 11. 5.11	Other Expenses Amount Explanation 7.04
Date # Miles Charge @ Lodging Meals  8/22/24 15.3 7.04  8/27/24 11.1 5.11	Other Expenses Amount Explanation 7.04 5.11
Date # Miles Charge @ Lodging Meals  8/22/24 15.3 7.04  8/26/24 11.1 5.11  8/27/24 11.1 5.11  8/29/24 10.3 4.74	Other Expenses Amount Explanation 7.04
Date # Miles Charge @ Lodging Meals  8/22/24 15.3 7.04  8/26/24 11.1 5.11  8/27/24 11.1 5.11  8/29/24 10.3 4.74  8/30/24 22.1 10.17	Other Expenses Amount Explanation 7.04 5.11 4.74 10.1
Date # Miles Charge @ Lodging Meals  8/22/24 15.3 7.04  8/26/24 11.1 5.11  8/27/24 11.1 5.11  8/29/24 10.3 4.74	Other Expenses Amount Explanation 7.04 5.11
Date       # Miles       Charge @ \$.46       Lodging       Meals         8/22/24       15.3       7.04         8/26/24       11.1       5.11         8/27/24       11.1       5.11         8/29/24       10.3       4.74         8/30/24       22.1       10.17         8/26/24       29.9       13.75	Other Expenses Amount Explanation  7.04  5.11  4.74  10.11  13.75
Date # Miles Charge @ Lodging Meals  8/22/24 15.3 7.04  8/26/24 11.1 5.11  8/27/24 11.1 5.11  8/29/24 10.3 4.74  8/30/24 22.1 10.17	Other Expenses Amount Explanation 7.04 5.11 4.74 10.11 13.75
Date # Miles Charge @ \$.46 Lodging Meals  8/32/24 15.3 7.04  8/26/24 11.1 5.11  8/27/24 11.1 5.11  8/30/24 22.1 10.17  8/30/24 22.1 10.17  8/30/24 39.9 13.75  Affidavit: I hereby certify that all expenses included in the above statement were incurre employee of Simpson County Schools in the capacity of official business; that they are charges qualifying for reimbursement from the Simpson County Board of Education; and data furnished here within is true and correct to the best of my knowledge.	Other Expenses Amount Explanation 7.04 5.11 5.11 4.74 10.11 13.75  d by an proper that all
Date # Miles Charge @ \$.46 Lodging Meals  8/32/24 15.3 7.04  8/26/24 11.1 5.11  8/27/24 11.1 5.11  8/30/24 22.1 10.17  8/30/24 22.1 10.17  8/30/24 39.9 13.75  Affidavit: I hereby certify that all expenses included in the above statement were incurre employee of Simpson County Schools in the capacity of official business; that they are charges qualifying for reimbursement from the Simpson County Board of Education; and data furnished here within is true and correct to the best of my knowledge.	Other Expenses Amount Explanation 7.04 5.11 4.74 10.11 13.75  d by an proper that all Central Office Use:

Employee Name _Sh	alee M	ann	Date	Submitted	10/14/7024	1
School/Work Site FVC	inklin- S	impson t	tigh Scr	1001		
Name of Meeting/Confe	rence ( rISIS	, Kespons	ر ا		72.5	(12.
Date(s) of Meeting/Conf	erence OCA	le 2024	Depart	ure Time _	730a_Retur	n Time 430 p
Place of Meeting/Confer			Taking			
Rationale for Attendance						
Expenses paid by:	SBDM □ PD	□ Spec Ed □ K	TS D Other (N	MUST Spec	ify)	
<b>Estimated Expenses:</b>						
Registration Lodg	ing Me See policy		er mile 46=		obstitute Other	Total Est. Expenses
Principal Signature: Prior Superintendent Ap Approved			Grant/A	.dmin:	Required if Expenses	are Paid by Grant Funds
Reason		Supe	rintendent Sign	ature		Date
Submit this section upo	n returning, micrus		MICL EVDE	NICE D	FINARLIN/FRA	FRII RF(3) IF/
Submit this section upon original required reconstruction and policy 03.125  Date # Miles	eipts and signatur	es.			ed within thirty (30) days Other Expenses	ENT REQUEST s of the travel return date.**
original required rec	eipts and signatur and 03.225: "Out-o Charge @	es. I NA f-District Travel Rein	nbursements MUS	T be submitte	ed within thirty (30) days Other Expenses	s of the travel return date.**
original required rec	eipts and signatur and 03.225: "Out-o Charge @	es. I NA f-District Travel Rein	nbursements MUS	T be submitte	ed within thirty (30) days Other Expenses	s of the travel return date.**
original required rec	eipts and signatur and 03.225: "Out-o Charge @	es. I NA f-District Travel Rein	nbursements MUS	T be submitte	ed within thirty (30) days Other Expenses	s of the travel return date.**
original required rec  *** Per Board Policy 03.125  Date # Miles  Affidavit: I hereby certify that	eipts and signatur and 03.225: "Out-o Charge @ \$.46	Lodging  ded in the above sta	Meals  Meals  atement were incur	Amoun	ed within thirty (30) days Other Expenses	Total
original required rec	cipts and signature and 03.225: "Out-o  Charge @ \$.46  st all expenses included a signature continue to the coursement from the course fro	Lodging  ded in the above state apacity of official businesses to suppose the county Board Simpson County Board Si	Meals  Meals  atement were incursiness; that they are of Education; and	Amoun  Amoun	Other Expenses t Explanation	Total
Affidavit: I hereby certify the employee of Simpson Count charges qualifying for reimber	cipts and signature and 03.225: "Out-o  Charge @ \$.46  st all expenses included a signature continue to the coursement from the course fro	Lodging  ded in the above state apacity of official businesses to suppose the county Board Simpson County Board Si	Meals  Meals  atement were incursiness; that they are of Education; and	Amoun  Amoun	Other Expenses t Explanation  Reimbursemen	Total

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School/Mor	k Site	RTC							
Name of Me	eting/Confer	ence <u>EC</u>	confe 24-20	vence 6, 24	Departu	ure Time .	6:00	Am_Return T	ime 5:00 pm
Place of Mee	eting/Confere	ence <u>Ga</u>	It House						
Rationale fo	r Attendance	Early	, Chil	dhoe	d con	yere	nee		20
Expenses pa		SBDM PD	☐ Spec Ed	☐ KETS [	図 Other (N	1UST Specif	y)		
Estimated Ex								G/leviii	Tabal Fot Evannenc
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	350.		0.00					30.00	500.₺
Approv	ntendent App	ot Approved		Superinten	Grant/Add	il	Required i	f Expenses are F	Paid by Grant Funds  #3   15   24  Date
			10-20-18 ELF						
	the first and party of the party of the party of the	Control of the Contro	THE RESERVE OF THE PARTY OF THE						
Alegies V			idion (	TRAVE	L EXPE	NSE RE	IMBU within thir	RSEMEN ty (30) days of t	IT REQUEST he travel return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Trav	el Reimbursen	nents MUST I	be submitted	within thirt Other Exper	ty (30) days of t	I REQUEST he travel return date.***
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*** Per Board	Policy 03.125 at	nd 03.225: "Out-o Charge @	of-District Trav	el Reimbursen	nents MUST I	be submitted	within thirt Other Exper	ty (30) days of t	he travel returndate.***
*** Per Board  Date	# Miles	nd 03.225: "Out-o Charge @ \$.46	todging	el Reimbursen	leals	Amount	within thirt	ty (30) days of t	he travel return date.***  Total
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Place of Meeting/Conference	ence New Modernoe Mod	S-CTE D Techner 39-30, 2004 USCOUILLE	Departure Time	TI fall Meeting Perion Time 90736 College
Registration Lodg	See policy	vals Mileage \$0.46 per mile		oubstitute Other Total Est. Expenses
Principal Signature:  Prior Superintendent App Approved N Reason	oroval:		Grant/Admin:	Required if Expenses are Paid by Grant Funds  9/9/24  Date
Submit this section upor original required rece	ints and signatu	I LIVA A P		REIMBURSEMENT REQUEST ted within thirty (30) days of the travel return date.***
A partie h. Y. A	Charge @		Meals Amou	Other Expenses Total
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Date # ivilles	\$.46			
Date # ivilles	\$.46			
Affidavit: I berehv certify the	at all expenses incl	uded in the above stateme	nt were incurred by an	Reimbursement Due
Affidavit: I hereby certify the employee of Simpson Count charges qualifying for reimbodata furnished here within is	it all expenses included the control of the control	apacity of official business Simpson County Board of	Education; and that all	Reimbursement Due  Central Office Use:  OUO2118-0580-10(aL Coding