E. JOSE JE DE REISE PROPERTY OF THE PROPERTY O		
Employee Name TUPSIC Partinger	Date Submitted	September 3,2024
School/Work Site FES		
Name of Meeting/Conference Home VIIITS		8:170 2:30
Date(s) of Meeting/Conference 8/20 - 8/30	Departure Time _	8:00 Return Time 2:30
Place of Meeting/Conference family homes	y workplaces	
Rationale for Attendance DYC-K Family M	equirement.	
Expenses paid by: SBDM PD Spec Ed KE	TS Other (MUST Spec	ify) PRK
Estimated Expenses:		
Registration Lodging Meals Miles See policy on back* \$0.46 pe	er mile \$1	Other Total Est. Expenses Oper day
Principal Signature:	Grant/Admin:	ellypalls
Prior Superintendent Approval:	1 -11	Required if Expenses are Paid by Grant Funds
Approved Not Approved		9/12/24
	rintendent Signature	Date
NedSUIISupe		
Submit this section upon returning. Include any	VEL EXPENSE R	EIMBURSEMENT REQUEST
original required receipts and signatures.  *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Rein  Date # Miles Charge @ Lodging  \$.46		ed within thirty (30) days of the travel return date.***  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Rein Charge @ Lodging	nbursements MUST be submitte	ed within thirty (30) days of the travel return date.***  Other Expenses  Total
# Per Board Policy 03.125 and 03.225: "Out-of-District Travel Rein  Date # Miles Charge @ Lodging \$.46    Charge @ S.46	nbursements MUST be submitte	ed within thirty (30) days of the travel return date.***  Other Expenses  Total
Original required recepts and 03.225: "Out-of-District Travel Rein         •** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Rein         Date       # Miles       Charge @ \$.46       Lodging         8   2   17.5       8.05	nbursements MUST be submitte	ed within thirty (30) days of the travel return date.***  Other Expenses  Total
# Per Board Policy 03.125 and 03.225: "Out-of-District Travel Rein  Date # Miles Charge @ Lodging \$.46    Charge @ S.46	nbursements MUST be submitte	ed within thirty (30) days of the travel return date.***  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Rein"  Date # Miles Charge @ \$.46 Lodging  \$   24   17.5 8.05  \$   27   23.2   0.47  \$   29   30.5   40.79	nbursements MUST be submitte	ed within thirty (30) days of the travel return date.***  Other Expenses  Total
Original required recepts and 03.225: "Out-of-District Travel Rein         •** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Rein         Date       # Miles       Charge @ \$.46       Lodging         8   2   17.5       8.05	nbursements MUST be submitte	ed within thirty (30) days of the travel return date.***  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Rein"  Date # Miles Charge @ \$.46 Lodging  \$   24   17.5 8.05  \$   27   23.2   0.47  \$   29   30.5   40.79	nbursements MUST be submitte	ed within thirty (30) days of the travel return date.***  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Rein"  Date # Miles Charge @ \$.46 Lodging  \$   24   17.5 8.05  \$   27   23.2   0.47  \$   29   30.5   40.79	nbursements MUST be submitte	ed within thirty (30) days of the travel return date.***  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Rein Date # Miles Charge @ \$.46 Lodging \$.46	Meals Amoun	Other Expenses t Explanation  \$8.05
# Per Board Policy 03.125 and 03.225: "Out-of-District Travel Rein Date # Miles Charge @ \$.46 Lodging \$.46 Lo	Meals Amoun	ed within thirty (30) days of the travel return date.***  Other Expenses  Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Rein Date # Miles Charge @ \$.46 Lodging \$.46 Lodg	Meals Amoun  tement were incurred by an siness; that they are proper	Other Expenses t Explanation  \$8.05
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Employee Na	me Abic	nail Phi	llips		Date	e Submitte	d 9-	2-29		
School/Work	Site From	hklin-S	MOSO	nH	igh Sch	100		1015	Α.	-
Name of Me	eting/Confer	ence Raisi	ng Ho	pe	Famer	is who	prec	lation 1	Day	
Date(s) of M	eeting/Confe	rence <b>9/19</b>	12024		Depart	ture Time	DATI	Return T	ime <b>2PM</b>	
		nce WKU								
Rationale for	Attendance	civics	ervice	2						
Expenses pai	d by: 🔟 s	BDM 🗆 PD	☐ Spec Ed	☐ KE	TS Other (	MUST Spe	cify)			
Estimated Ex	penses:									
Registratio	n Lodgii		eals y on back*	<b>Milea</b> \$0.46 pe			<b>ubstitute</b> 100 per day	Other	Total Est. Expen	ises
							00		100	
Principal Sigr	nature:	11			Grant/A	Admin:				
Prior Superin		røval:			1	-0,	Requir	ed if Expenses are	Paid by Grant Funds	(
<u></u> Approv	redNo	Approved				SW			5/18/20	<u> </u>
Reason				Supe	rintendent Sigr	nature			Date	e
	required rese	pts and signatu	res.						NT REQUES	
original	required rese	pts and signatund 03.225: "Out-condition of the Charge @	res.	vel Reim		T be submit	ed within Other E	thirty (30) days of t xpenses	the travel return dat	
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Employee Name Sarah Richard	Date Submitted	9/24/2024
School/Work Site CENTRAL OFF	R	1 1
Name of Meeting/Conference To Team	/ KEAC NEW WAR	Guidelines
Date(s) of Meeting/Conference 10/1/24	Departure Time 💆	200 am Return Time 4:00pm
Place of Meeting/Conference KENC Off		1
Rationale for Attendance Up dates on	NEW WAA guidel	ined for '25-126 Sy
Expenses paid by:	Ed □ KETS Other (MUST Speci	tood service
Estimated Expenses:	<b>y</b> . •	
Registration Lodging Meals See policy on back*  20.00		Ostitute Other Total Est. Expenses
Principal Signature:Prior Superintendent Approval: Not Approved  Reason	Grant/Admin: Superintendent Signature	Required if Expenses are Paid by Grant Funds  1/25/27
Submit this section upon returning. Include any	TRAVEL EXPENSE RE	IMBURSEMENT REQUEST
original required receipts and signatures.  *** Per Board Policy 03.125 and 03.225: "Out-of-District T  Date # Miles Charge @ Lodg  \$.46	ravel Reimbursements MUST be submitted	
*** Per Board Policy 03.125 and 03.225: "Out-of-District T	ravel Reimbursements MUST be submitted	within thirty (30) days of the travel return date.**  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District T	ravel Reimbursements MUST be submitted	within thirty (30) days of the travel return date.**  Other Expenses  Total
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*** Per Board Policy 03.125 and 03.225: "Out-of-District T	ravel Reimbursements MUST be submitted	within thirty (30) days of the travel return date.**  Other Expenses  Total
Pate # Miles Charge @ Lodg \$.46  Date # Miles Charge @ Lodg  Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of the capacity	above statement were incurred by an official business; that they are proper	within thirty (30) days of the travel return date.**  Other Expenses  Total
Pate # Miles Charge @ Lodg \$.46 Lodg  Affidavit: I hereby certify that all expenses included in the	above statement were incurred by an official business; that they are proper ounty Board of Education; and that all	Other Expenses Explanation  Total
Pate # Miles Charge @ Lodg \$.46  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.	above statement were incurred by an official business; that they are proper ounty Board of Education; and that all f my knowledge.	Other Expenses Explanation  Total  Reimbursement Due

Affidavit: I hereby certify that all expenses included employee of Simpson County Schools in the capac charges qualifying for reimbursement from the Sim data furnished here within is true and correct to the	in the above statement vity of official business; the pson County Board of Edubest of my knowledge.	nat they are proper	Reimbursement I Central Office Use:	Due
Affidavit: I hereby certify that all expenses included employee of Simpson County Schools in the capac charges qualifying for reimbursement from the Sim	in the above statement vity of official business; the pson County Board of Education	nat they are proper	Central Office Use:	Due
Date # Willes \$.46			Poimbursament	Duo
l Date   # Miles				
l Date   # Miles				
l Date   # Miles				
l Date   # Miles				
l Date   # Miles				
l Date   # Miles	ANTENNA PER			
Charge @	Lodging Me	eals Amou	Other Expenses  1t Explanation	Total
Submit this section upon returning, Include a original required receipts and signatures.  *** Per Board Policy 03.125 and 03.225: "Out-of-Di	IKAVEL			
Approved Not Approved  Reason	Superintend	ent Signature		9/24/2-
Principal Signature: Prior Superintendent Approval:		Grant/Admin:	Required if Expenses are	e Paid by Grant Funds
	103.04	C 4/A durin		103.01
See policy on	back* \$0.46 per mile		100 per day	103.0H
Estimated Expenses:  Registration Lodging Meals	Mileage	Airfare S	Substitute Other	Total Est. Expenses
	Spec Ed □ KETS	Other (MUST Spe	cify) TOOK SEA	VIGC
Rationale for Attendance Thung	I wanted		A Commodi-	
	n Village.		VK 15	l wass
			7:00 am Return	Time 1. Cupry 1
Datalal of Mantina/Cantanana IDI 217	J		/ 1	11:0000
	A Regiona	1) 1.00		_
School/Work Site	A Regiona	O Tico		

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

,	Chalina Com	1.			no	1/01/202	14
Employee Name	Shellna Sini	Th	Date	e Submitte	ed	101 1202	7
School/Work Site	CONTRAL OFFICE	1 6 2146	bondon w				
Name of Meeting/Co	nference <u>Peace</u>	a Granis	1 VUGYAINS		1:00		5:00
Date(s) of Meeting/C		2014 -09	//1 /2024 Depar	ture Time	6:00	Return IIm	ne Starpin
Place of Meeting/Cor		()					
Rationale for Attenda							
Expenses paid by:	□ SBDM □ PD □	Spec Ed □ k	(ETS 🗹 Other (	MUST Spe	cify) _ <i>「                                  </i>		
Estimated Expenses:							
Registration L	odging Mea See policy of		eage Airfa per mile		Substitute 100 per day	Other	214, 56
Principal Signature: _ Prior Superintendent	Approval:		Grant/	Admin:	Require	d if Expenses are Pai	d by Grant Funds
Approved Reason		Cup	erintendent Sigi	<u> </u>	<u> </u>		Date
neason		3up	erintendent sigi	- Ideal C			
	upon returning. Include receipts and signature		<b>AVEL EXP</b>	ENSE R	EIMBÍ	JRSEMENT	T REQUEST
*** Per Board Policy 03.			imbursements MUS	T be submitt			travel return date.***
Per Board Policy 03.  Date # Mile	125 and 03.225: "Out-of-		imbursements MUS Meals	Amour	Other Ex		e travel return date.*** Total
Date # Mile	125 and 03.225: "Out-of-	District Travel Rei	Meals		Other Ex	penses	
Date # Mile	125 and 03.225: "Out-of- Charge @ \$.46	District Travel Rei			Other Ex	penses	Total
Date # Mile	125 and 03.225: "Out-of- Charge @ \$.46	District Travel Rei	Meals 40.		Other Ex	penses	Total 117.28
Date # Mile	125 and 03.225: "Out-of- Charge @ \$.46	District Travel Rei	Meals 40.		Other Ex	penses	Total 117.28
Date # Mile	125 and 03.225: "Out-of- Charge @ \$.46	District Travel Rei	Meals 40.		Other Ex	penses	Total 117.28
Date # Mile	125 and 03.225: "Out-of- Charge @ \$.46	District Travel Rei	Meals 40.		Other Ex	penses	Total 117.28
Date # Mile	125 and 03.225: "Out-of- Charge @ \$.46	District Travel Rei	Meals 40.		Other Ex	penses	Total 117.28
Date # Mile	125 and 03.225: "Out-of- Charge @ \$.46	District Travel Rei	Meals 40.		Other Exp	penses Explanation	Total 117.28 97.28
Date # Mile  Oq/04/24  Oq/10/24  Affidavit: I hereby certify employee of Simpson C	Charge @ \$.46  77.28  77.28  71.28  71.18	Lodging  Lodging  ed in the above stacity of official by	Meals  40. —  20. —  tatement were incursiness; that they	Amour	Other Exp	penses	Total 117.28 97.28
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Date # Mile  Oa/04/24  Oa/10/24  Affidavit: I hereby certify employee of Simpson Cocharges qualifying for re	Charge @ \$.46  17.28  11.28  11.28  11.28  11.28  11.28  11.28	Lodging  Lodging  ed in the above stacity of official bimpson County Bo	Meals  40. —  20. —  tatement were incursiness; that they hard of Education; a	Amour	Other Exp	Explanation  bursement Due	Total 117.28 97.28
Date # Mile  Oa/04/24  Oa/10/24  Affidavit: I hereby certify employee of Simpson Cocharges qualifying for redata furnished here with	Charge @ \$.46  17.28  11.28  11.28  11.28  11.28  11.28  11.28	Lodging  Lodging  ed in the above stacity of official bimpson County Bo	Meals  40. —  20. —  tatement were incursiness; that they hard of Education; a wledge.	Amour	Rein Central	Explanation  bursement Due	Total 117.28 97.28

Employee Name	1.00	Date S	Submitted	9/19/24	
School/Work SiteLine					
Name of Meeting/Conference			Ž-		3.5
Date(s) of Meeting/Conference	Oct 16, 24	Departu	ire Time 🤱	A Return Tim	ne 61,30 pm
Place of Meeting/Conference				10.75	4
Rationale for Attendance					LCOT
Expenses paid by:   SBDM   SBD	IPD <b>□</b> Spec Ed □ K	ETS 🗖 Other (M	IUST Specify)		
Estimated Expenses:					
Registration Lodging  \$ 15  Principal Signature:	Meals Mile \$0.46 p	er mile	e Substir \$100 pe	r day	Total Est. Expenses
Prior Superintendent Approval:				equired f Expenses are Pai	d by Grant Funds
Approved Not Appro	ved	<- T	SW		9/24/24
Reason	Supe	erintendent Signa	ture		Date
original required receipts and s	aignatures.			<b>IBURSEMEN</b>	C
Per Board Policy 03.125 and 03.225  Date # Miles Charg \$.4	e @ Lodging	mbursements MUST		thin thirty (30) days of the ner Expenses Explanation	travel return date.*** Total
Date # Miles Charg	e @ Lodging	BRAYS, HOLY	Oth	ner Expenses	
Date # Miles Charg	e @ Lodging	BRAYS, HOLY	Oth	ner Expenses	
Date # Miles Charg	e @ Lodging	BRAYS, HOLY	Oth	ner Expenses	
Date # Miles Charg	e @ Lodging	BRAYS, HOLY	Oth	ner Expenses	
Date # Miles Charg	e @ Lodging	BRAYS, HOLY	Oth	ner Expenses	
Date # Miles Charg	e @ Lodging	BRAYS, HOLY	Oth	ner Expenses	
Date # Miles Charg	e @ Lodging	BRAYS, HOLY	Oth	ner Expenses	
Date # Miles Charg \$.4  Affidavit: I hereby certify that all expensemployee of Simpson County Schools in	e @ Lodging 6 Lodging ses included in the above sta	Meals  atement were incurred isiness; that they are	Oth Amount ed by an	ner Expenses	Total
Date # Miles Charg \$.4	Lodging  Lodging  Lodging  Lodging  Lodging	Meals  atement were incurred in the property of the property o	ed by an e proper d that all	er Expenses Explanation	Total
Affidavit: I hereby certify that all expensemployee of Simpson County Schools is charges qualifying for reimbursement fr	Lodging  Lodging  Lodging  Lodging  Lodging	Meals  atement were incurred in the property of the property o	ed by an e proper d that all	Reimbursement Due	Total

Employee Name Lori Stevens	Date Submitted 9/19/24
School/Work Site Lincoln	
Name of Meeting/Conference Southern KY SLP Notwork	< Fall 2024 Workshop
Date(s) of Meeting/Conference <u>Od. a4</u> , 2024	Departure Time <u>⁴'·○○</u> Return Time <u>⊋'.oo</u>
Place of Meeting/Conference	on Zoom
Rationale for Attendance continuing education work	and model , & veing AtclAT in descroom
Expenses paid by: SBDM DPD Spec Ed KETS DO	
Estimated Expenses:	
	rant/Admin: Kelly Required of Expenses are Paid by Grant Funds
Prior Superintendent Approval:  Approved Not Approved	-011
ReasonSuperintender	of Signature Date
Submit this section upon returning. Include any	VOENCE DELIABLIDGENAENT DECLIECT
original required receipts and signatures. IRAVEL t  *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursemen	EXPENSE REIMBURSEMENT REQUEST ts MUST be submitted within thirty (30) days of the travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursemen  Charge @ Lodging Meal	ts MUST be submitted within thirty (30) days of the travel return date.**:  Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursemen	ts MUST be submitted within thirty (30) days of the travel return date.***  Other Expenses
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*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursemen  Date # Miles Charge @ Lodging Meal  \( \)  \( \)  \( \)	S Other Expenses S Amount Explanation  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursemen    Date	ts MUST be submitted within thirty (30) days of the travel return date.***  Other Expenses Amount Explanation  Total  re incurred by an they are proper
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursemen    Date	ts MUST be submitted within thirty (30) days of the travel return date.***  Other Expenses Amount Explanation  Total  re incurred by an they are proper
**** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursement  Date # Miles Charge @ Lodging Meal  \$.46 Lodging Meal  Affidavit: I hereby certify that all expenses included in the above statement we employee of Simpson County Schools in the capacity of official business; that charges qualifying for reimbursement from the Simpson County Board of Educated turnished here within is true and correct to the best of my knowledge.	Other Expenses S Amount Explanation  Total  Reimbursement Due they are proper ation; and that all  Central Office Use:
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursement  Date # Miles Charge @ Lodging Meal \$.46 Lodging Meal  Affidavit: I hereby certify that all expenses included in the above statement we employee of Simpson County Schools in the capacity of official business; that charges qualifying for reimbursement from the Simpson County Board of Education in the capacity of capacity of capacity in the capacity in the capacity of capacity in the capacity in t	Total  Central Office Use:

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Employee Name Las	ira Miller-	Wulsh	Dat	e Submitted	10/1/203	.4
Cito	PTC.					
		E Confer	ince	Time /ai	no Am Return T	ime 5:00 pm
Name of Meeting/Confe Date(s) of Meeting/Conf	ference Nov	24-26 2	. <u>4</u> Depar	ture time	0.00 647-1	
Place of Meeting/Confer	rence <u>Gal</u>	to House		.,		
Rationale for Attendance	e <u>Ear</u>	ely Chilo	Chord C	oxference		: 9%
Expenses paid by:	SBDM PD	□ Spec Ed □ K	ETS WOther (	MOST Specify).		
Estimated Expenses:			eage Airfa	re Substi	tute Other	Total Est. Expenses
Registration Lodg	ging Me See policy			5100 pe		
350	129.	00			30.00	500.00
	1) mil	MAL	Grant//	dmin:		
Principal Signature: Prior Superintendent App	proval:	11211	1	-/1 Re	equired if Expenses are P	aid by Grant Funds
ApprovedN		U		Shl		10/8/24
Reason		Supe	rintendent Sign	ature		Date
*** Per Board Policy 03.125		TRA	AVEL EXPE	T be submitted wit	ABURSEMEN thin thirty (30) days of the er Expenses	IT REQUEST  ne travel return date.***
Date # Miles	Charge @ \$.46	Lodging	Meals	Amount	Explanation	Total
CONTRACTOR OF STREET						
			toment were incul	red by an	Reimbursement Du	e
Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbu data furnished here within is to the county of the c	y Schools in the cap	impson County Boa	rd of Education; a	red by an re proper nd that all	Reimbursement Duc	e
employee of Simpson County charges qualifying for reimbu data furnished here within is t	y Schools in the cap	impson County Boa	rd of Education; and ledge.	red by an re proper nd that all	tral Office Use:	e
employee of Simpson County	y Schools in the cap	impson County Boa	rd of Education; a	red by an re proper nd that all Cen	tral Office Use:	e

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-	luggica gradita	14					a: (a:	
Employee N	lame <u>Ra</u>	chal Wu	ught	Dat	te Submitt	ted	10/1/20	24
School/Wor	rk Site	RIC		4 2 2 2				
Name of Me	eeting/Confe	rence	ECE confe	Linci Dona	rture Time	6:00	Am Return 1	Time 5:00 pm
Date(s) of N	leeting/Conf	erence <u>Nov</u>	24-26 2	урера	rture inin			•
Place of Me	eting/Confer	ence <u>Ga</u>	et Hous					
Rationale fo	or Attendance	Ear	ely Chil	dhood	conf	ección)	el .	V
Expenses pa	aid by:	SBDM □ PD	□ Spec Ed □ K	ETS 12 Other	(IMIO21 SP	ecity)		
Estimated Ex	xpenses:		757			Substitu	te Other	Total Est. Expenses
Registratio	on Lodg		eals Mile y on back* \$0.46 p		A Committee of the Comm	\$100 per d		
	250	.99 729	0 0				30.∞	500.00
	350	MA	modru	)	Admin:			
	nature:		HIXMON	Grant/	Admin	Req	uired if Expenses are	Paid by Grant Funds
	ntendent Api		U	4	Shl			10/8/24
Reason		ot Approved	Supe	rintendent Sign	nature			Date
ingles		1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	TRA	AVEL EXP	ENSE F	tted withi	n thirty (30) days of t	NT REQUEST the travel return date.***
*** Per Board	Policy 03.125	ட்டிர்க்க ஆர் அத்திரி ஆந்ரி and 03.225: "Out-o Charge @	of-District Travel Rein	AVEL EXP	ST be submit	tted withi Other	n thirty (30) days of t Expenses	NT REQUEST the travel return date.***
anglish *** Per Board Date	# Miles	and 03.225: "Out-o	TRA f-District Travel Rein Lodging	nbursements MUS	ST be submit	tted withi Other	n thirty (30) days of t	he travel return date.***
*** Per Board	Policy 03.125	ond 03.225: "Out-o	of-District Travel Rein	nbursements MUS	ST be submit	tted withi Other	n thirty (30) days of t Expenses	he travel return date.***
*** Per Board	Policy 03.125	ond 03.225: "Out-o	of-District Travel Rein	nbursements MUS	ST be submit	tted withi Other	n thirty (30) days of t Expenses	he travel return date.***
*** Per Board	Policy 03.125	ond 03.225: "Out-o	of-District Travel Rein	nbursements MUS	ST be submit	tted withi Other	n thirty (30) days of t Expenses	he travel return date.***
*** Per Board	Policy 03.125	ond 03.225: "Out-o	of-District Travel Rein	nbursements MUS	ST be submit	tted withi Other	n thirty (30) days of t Expenses	he travel return date.***
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*** Per Board	Policy 03.125	ond 03.225: "Out-o	of-District Travel Rein	nbursements MUS	ST be submit	tted withi Other	n thirty (30) days of t Expenses	he travel return date.***
*** Per Board	Policy 03.125	ond 03.225: "Out-o	of-District Travel Rein	nbursements MUS	ST be submit	tted withi Other	n thirty (30) days of t Expenses	he travel return date.***
*** Per Board  Date  Affidavit: I here	# Miles	Charge @ \$.46	Lodging  Lodging  ded in the above sta	Meals  Meals  tement were incusiness: that they is	Amou	Other nt	n thirty (30) days of t Expenses	Total
Date  Affidavit: I heremployee of S	# Miles  # Simpson County	charge @ \$.46	f-District Travel Rein Lodging	Meals  Meals  tement were incusiness; that they are of Education; a	Amou	Other nt	n thirty (30) days of t Expenses Explanation	Total
Date  Affidavit: I heremployee of S	# Miles  # Simpson County	charge @ \$.46	ded in the above sta	Meals  Meals  tement were incusiness; that they are of Education; a	Amou	Other nt  Re	eimbursement Du	Total
Date  Affidavit: I heremployee of S	# Miles  # Miles  beby certify that simpson County ying for reimbut here within is the county of the	charge @ \$.46	ded in the above sta	Meals  Meals  tement were incusiness; that they are of Education; a	Amou	Other nt	eimbursement Du	Total
Per Board  Date  Affidavit: I heremployee of Scharges qualify data furnished	# Miles  # Miles  beby certify that simpson County ying for reimbut here within is the county of the	charge @ \$.46	ded in the above sta	Meals  Meals  tement were incusiness; that they are of Education; alledge.	Amou	Re Centra	eimbursement Du	Total