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

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

The ideal of a				Mar 12 20	SIL
Employee Name	<u></u>	Date Subm	itted	Nov. 12, 20	24
School/Work Site Bora Member		and in a	1		
Name of Meeting/Conference	nter Syr	DOSIMIN	1	NA 4	1:00 an
Date(s) of Meeting/Conference	D1, 2014	_Departure Tir	ne <u>LD L</u>	12-05 Return III	12-06
Place of Meeting/Conference Salt Hou	ise LDVII	sville, P	6		
Rationale for Attendance Training C	outhunive	g eauca	nor	0011221 055	0 05KN, N. 2
Expenses paid by: SBDM PD Spe	c Ed 🛚 KETS 🛅	Other (MUST S	Specify)	W11011-1033	00,000+005
Estimated Expenses:					
Registration Lodging Meals See policy on back  360.00 ±222.00 40.00	Mileage * \$0.46 per mile	Airfare	Subst \$100 p	er day	747.12
Principal Signature: Prior Superintendent Approval:	4	Grant/Admin:		Required if Expenses are Pa	id by Grant Funds
Approved Not Approved		lent Signature	_		Date
Reason	Superintent	ient signature			
Submit this section upon returning. Include any original required receipts and signatures.	TRAVEL	EXPENSE	REI	MBURSEMEN'	I REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lo		eals	01	ther Expenses	e travel return date.*** Total
Per Board Policy 03.125 and 03.225: "Out-of-District  Date # Miles Charge @ Lo		eals	omitted w Of Iount	vithin thirty (30) days of the ther Expenses Explanation	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lo		eals	01	ther Expenses	
Per Board Policy 03.125 and 03.225: "Out-of-District  Date # Miles Charge @ Lo		eals	01	ther Expenses	
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### Per Board Policy 03.125 and 03.225: "Out-of-District  Date # Miles Charge @ \$.46  D-5 134  D-6 1346	odging Mo	eals Am	Of	ther Expenses	Total
Date # Miles Charge © \$.46  Do b 136  Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson	the above statement of official business; to County Board of Ed	were incurred by that they are prop	on nount	Explanation  Explanation	Total
Date # Miles Charge © \$.46 Lo	the above statement of official business; to County Board of Ed	were incurred by that they are prop	ontount  an er all	Explanation  Explanation	Total
Date # Miles Charge © \$.46  Do b 136  Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson	the above statement of official business; to County Board of Edit of my knowledge.	were incurred by that they are prop	an ner all	Explanation  Explanation  Reimbursement Due	Total

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

Employee Name Nar	vii IIhi	<	Date	Submitte	a No	v. 12, 203	24
		nber	Date	Jubilitte	u		
School/Work Site Name of Meeting/Confere	1////		Sympos	ium			
Date(s) of Meeting/Confe	rence HC. L	5-07, 20	Depart	ure Time	10:0D	Return Ti	me b:DD pm
Place of Meeting/Confere	nce GAH +	buse, L	Duisville	,19			12-67
	IMINIA	a Monti	MILIMA POL	11 ports	on		
Expenses paid by:	BDM PD	J / □ Spec Ed □	KETS Dother (I	MUST Spe	cify) 💇	11071-033	3, D56D + O63C
Estimated Expenses:							
Registration Lodgin	ng Me See policy	on back* \$0.46	leage Airfa		ubstitute 100 per da		Total Est. Expenses
Principal Signature: Prior Superintendent App Approved No Reason	roval: ot Approved	Sur	Grant/A	The	Requi	ired if Expenses are P	Paid by Grant Funds  11 13 254  Date
Submit this section upon original required recei	ipts and signatur	es.					VT REQUEST he travel return date.***
original required recei	ipts and signatur	es.			t <b>ed within</b> Other I		
original required recei	ipts and signatur nd 03.225: "Out-o Charge @	es. I-District Travel Re	imbursements MUS	T be submitt	t <b>ed within</b> Other I	thirty (30) days of t Expenses	he travel return date.***
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