Employee Na	ame Kel	14 Bak	'er	Dat	e Submitte	ed 10/1	124		
School/Work	Site Cel	Hou (Afice				<u> </u>		
	eting/Confere		EL,						
	eeting/Confe	100	1/23/2	5 Depar	ture Time	6:00	Return T	ime <u> </u>	<u>'/ </u>
		nce Crow							
Rationale for	Attendance	Women	's Lead	ership	Cont	eren	ce		
Expenses pai	id by: 🗆 S	BDM DPD D	Spec Ed □ K	(ETS DOTher)	MUST Spe	cify)(2		
Estimated Ex									
Registratio	n Lodgii	ng Mea See policy o		eage Airfa per mile		Substitute 100 per day	Other	Total Est. Expe	enses
\$5900	303	-	a . 1	52				\$1052	10
077.	300			0.0		Q ,	-0	1	
	nature:			Grant/	Admin:	10 hul	l if Evnenses are l	Paid by Grant Fund	
	tendent App			4	-51	Q require	TI Expenses are	ا سان	bel
V	/ed No	ot Approved	Cum	erintendent Sign	o n	_		11/8	ate
Neason			Sup	eniitelluelli sigi					
Submittilit		returning. Includ		AVEL EVD	FNISE R	FIMBL	IRSEMEN	IT REQUE	T2
original		pts and signature							
original		nd 03.225: "Out-of				ted within th	irty (30) days of t		
original						ted within th Other Exp	irty (30) days of t		late.***
original *** Per Board	Policy 03.125 a	nd 03.225: "Out-of Charge @	District Travel Rei	mbursements MU	ST be submit	ted within th Other Exp	irty (30) days of t	he travel return d	late.***
original *** Per Board	Policy 03.125 a	nd 03.225: "Out-of Charge @	District Travel Rei	mbursements MU	ST be submit	ted within th Other Exp	irty (30) days of t	he travel return d	late.***
original *** Per Board	Policy 03.125 a	nd 03.225: "Out-of Charge @	District Travel Rei	mbursements MU	ST be submit	ted within th Other Exp	irty (30) days of t	he travel return d	late.***
original *** Per Board	Policy 03.125 a	nd 03.225: "Out-of Charge @	District Travel Rei	mbursements MU	ST be submit	ted within th Other Exp	irty (30) days of t	he travel return d	late.***
original *** Per Board	Policy 03.125 a	nd 03.225: "Out-of Charge @	District Travel Rei	mbursements MU	ST be submit	ted within th Other Exp	irty (30) days of t	he travel return d	late.***
original *** Per Board	Policy 03.125 a	nd 03.225: "Out-of Charge @	District Travel Rei	mbursements MU	ST be submit	ted within th Other Exp	irty (30) days of t enses	he travel return d	late.***
original *** Per Board	Policy 03.125 a	nd 03.225: "Out-of Charge @	District Travel Rei	mbursements MU	ST be submit	ted within th Other Exp	irty (30) days of t enses	he travel return d	late.***
original *** Per Board	Policy 03.125 a	nd 03.225: "Out-of Charge @	District Travel Rei	mbursements MU	ST be submit	Other Exp	irty (30) days of the services Explanation	he travel return d	late.***
original *** Per Board Date Affidavit: I her	# Miles # by certify that	charge @ \$.46	Lodging Lodging	Meals Meals	Amou	Other Exp	irty (30) days of t enses	he travel return d	late.***
**** Per Board Date Affidavit: I her employee of Scharges qualifications	# Miles # Miles eby certify that Simpson County ying for reimbur	charge @ \$.46 \$.46 all expenses include Schools in the capses seement from the S	Lodging Lodging led in the above stocacity of official bimpson County Bo	Meals Meals tatement were incusiness; that they hard of Education; a	Amount Am	Neim	irty (30) days of the consesses Explanation	he travel return d	late.***
**** Per Board Date Affidavit: I her employee of Scharges qualifications	# Miles # Miles eby certify that Simpson County ying for reimbur	charge @ \$.46 \$.46	Lodging Lodging led in the above stocacity of official bimpson County Bo	Meals Meals tatement were incusiness; that they hard of Education; a	Amount Am	Neim	irty (30) days of the services Explanation	he travel return d	late.***
Affidavit: I her employee of Scharges qualifidata furnished	# Miles # Miles reby certify that Simpson County ying for reimbur I here within is to	charge @ \$.46 \$.46 all expenses include Schools in the capses seement from the S	Lodging Lodging led in the above stocacity of official bimpson County Bo	Meals Meals tatement were incusiness; that they hard of Education; a wledge.	Amount Am	Reim	irty (30) days of the consesses Explanation	he travel return d	late.***
**** Per Board Date Affidavit: I her employee of Scharges qualifications	# Miles # Miles reby certify that Simpson County ying for reimbur I here within is to	charge @ \$.46 \$.46 all expenses include Schools in the capses seement from the S	Lodging Lodging led in the above stocacity of official bimpson County Bo	Meals Meals tatement were incusiness; that they hard of Education; a	Amount Am	Neim	irty (30) days of the consesses Explanation	he travel return d	late.***
Affidavit: I her employee of Scharges qualifidata furnished	# Miles # Miles reby certify that Simpson County ying for reimbur I here within is to	charge @ \$.46 \$.46 all expenses include Schools in the capses seement from the S	Lodging Lodging led in the above stocacity of official bimpson County Bo	Meals Meals tatement were incusiness; that they hard of Education; a wledge.	Amount Am	Reim	enses Explanation bursement Do Office Use:	he travel return d	late.***



SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name CONStance Blance	Date Submitted OCI · ZOZCI
School/Work Site FSMS	
	nst. Conferrer
Date(s) of Meeting/Conference 10-20-24-10 30	- ZyDeparture Time <u>3Pm</u> Return Time <u>(2:30</u> 2)
Place of Meeting/Conference <u>Gunet</u> hou	
Rationale for Attendance FRYSC CONSCIE	
Expenses paid by: \square SBDM \square PD \square Spec Ed \square KETS $_{\square}$	Other (MUST Specify) TRYSC TWAZ
Estimated Expenses:	130210LI-0580-128L
Registration Lodging Meals Mileage	Airfare Substitute Other Total Est. Expens
See policy on back* \$0.46 per mile	
Principal Signature:	Grant/Admin:
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	15/1
Reason	ndent Signature Date
Superince	ndent Signature Date
TRAVE	L EXPENSE REIMBURSEMENT REQUES
TRAVE	L EXPENSE REIMBURSEMENT REQUES ements MUST be submitted within thirty (30) days of the travel return date
TRAVE	L EXPENSE REIMBURSEMENT REQUES
TRAVE *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburse Date # Miles Charge @ \$.46 Lodging O TAM DAM	EL EXPENSE REIMBURSEMENT REQUES ements MUST be submitted within thirty (30) days of the travel return date Other Expenses Total
TRAVE *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburs Date # Miles Charge @ \$.46 Lodging	EL EXPENSE REIMBURSEMENT REQUES Total Amount Explanation Total TOTAL
TRAVE **** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburse Date # Miles Charge @ \$.46 Lodging 10-78-24 204 24 10-78-24 244 24	EL EXPENSE REIMBURSEMENT REQUES The submitted within thirty (30) days of the travel return date Other Expenses Amount Explanation Total Total Total Total
TRAVE *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburse Date # Miles Charge @ \$.46 Lodging 10-78-24 20-4 10-78-24 044 24 10-78-24 044 44	EL EXPENSE REIMBURSEMENT REQUES The submitted within thirty (30) days of the travel return date Other Expenses Amount Explanation Total
TRAVE *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburse Date # Miles Charge @ \$.46 Lodging 10-70-24 20-44 10-70-24	EL EXPENSE REIMBURSEMENT REQUES Sements MUST be submitted within thirty (30) days of the travel return date Other Expenses Amount Explanation 124, 47 26 0 10 10 10 10 10 10 10 10 10
TRAVE **** Per Board Policy 03.125 and 03.225; "Out-of-District Travel Reimburs Date # Miles Charge @ \$.46 Lodging 10-78-24 DM 10-7	EL EXPENSE REIMBURSEMENT REQUES Sements MUST be submitted within thirty (30) days of the travel return date Other Expenses Amount Explanation Total OU. W. U.
TRAVE *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburse Date # Miles Charge @ \$.46 Lodging 10-70-24 20-44 10-70-24	EL EXPENSE REIMBURSEMENT REQUES Sements MUST be submitted within thirty (30) days of the travel return date Other Expenses Amount Explanation 124, 47 26 0 10 10 10 10 10 10 10 10 10
TRAVE *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburs Date # Miles Charge @ \$.46 Lodging 10-77-24 DM 10-77	EL EXPENSE REIMBURSEMENT REQUES Sements MUST be submitted within thirty (30) days of the travel return date Other Expenses Amount Explanation 124, 47 26 0 40 40
TRAVE *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburse Date # Miles Charge @ \$.46 Lodging 10-70-24 20-44 10-70-24	EL EXPENSE REIMBURSEMENT REQUES Sements MUST be submitted within thirty (30) days of the travel return date Other Expenses Amount Explanation 194,47 26 0 40 10 10 10 10 10 10 10 10

Date

Coding Same

Employee Na	ame HM	per Cha	andler	Dat	e Submitte	ed 11	42024	
	k Site 170		dement	an				
		ence KSh	IA Mar		tetre			
Date(s) of M	eeting/Confe	rence <u>11/5</u> -	11/7	Depar	ture Time	1:00	OM Return	Time 4:00pm
Place of Mee	eting/Confere	nce OWer	Jboro					
Rationale fo	r Attendance	Annual	conte	rence to	ma	nac	ieri	service
Expenses pa	id by: 🗆 S	BDM PD	☐ Spec Ed ☐	KETS Other	MUST Spe	cify)	rosas	enice
Estimated Ex				•				
Registratio	258	See policy		ileage Airf.	\$	Substitut 100 per da		Total Est. Expenses
Principal Sig		UMA	marasi)(Grant/	Admin:	Regu	ired if Expenses are	Paid by Grant Funds
/	ntendent Appr			16	11			11/12
Reason	ved No	ot Approved	Sur	perintendent Sign	nature			Date
original	required recei	returning. Inclu pts and signatu	res.					NT REQUEST
*** Per Board	Policy 03.125 a	William St. St. Co.	f-District Travel Re	eimbursements MUS	ST be submit		n thirty (30) days of Expenses	the travel return date.**
*** Per Board Date	# Miles	nd 03.225: "Out-o Charge @ \$.46	f-District Travel Re Lodging	eimbursements MUS Meals	Amoui	Other		the travel return date.** Total
THE R		Charge @	LA SUPER LEAD			Other	Expenses	
THE R		Charge @	LA SUPER LEAD			Other	Expenses	
THE R		Charge @	LA SUPER LEAD			Other	Expenses	
THE R		Charge @	LA SUPER LEAD			Other	Expenses	
THE R		Charge @	LA SUPER LEAD			Other	Expenses	
THE R		Charge @	LA SUPER LEAD			Other	Expenses	
THE R		Charge @	LA SUPER LEAD			Other	Expenses	
THE R		Charge @	LA SUPER LEAD			Other nt	Expenses Explanation	Total
Date Affidavit: I heremployee of 5	# Miles # Miles	Charge @ \$.46	Lodging Ided in the above apacity of official	Meals statement were incubusiness; that they	Amoun	Other nt	Expenses	Total
Affidavit: I her employee of scharges qualif	# Miles reby certify that Simpson County ying for reimbur	Charge @ \$.46 all expenses inclu Schools in the casement from the	Lodging Ided in the above apacity of official	Meals statement were incubusiness; that they coard of Education; a	Amoun	Other	Expenses Explanation	Total
Affidavit: I her employee of 3 charges qualif data furnished	# Miles reby certify that Simpson County Tying for reimbur there within is to	Charge @ \$.46 all expenses inclu Schools in the casement from the	Lodging Ided in the above sapacity of official Simpson County B	statement were incubusiness; that they coard of Education; abwledge.	Amoun	Re	Expenses Explanation eimbursement C al Office Use:	Total
Affidavit: I her employee of scharges qualif	# Miles reby certify that Simpson County Tying for reimbur there within is to	Charge @ \$.46 all expenses inclu Schools in the casement from the	Lodging Ided in the above sapacity of official Simpson County B	Meals statement were incubusiness; that they coard of Education; a	Amoun	Other	Expenses Explanation eimbursement C al Office Use:	Total

Employee Name	mie	hanes	Date S	Submitted	11/6/24	
School/Work Site	SES	\mathcal{L}			1 1	
Name of Meeting/Conf	erence <u>Crec</u>	Are CBT	Distruentin	ons for C	hildren wo)	Anxiety
Date(s) of Meeting/Cor	ference\	14/24	Departu	re Time	『しつ Return Tim	e_5.20
Place of Meeting/Confe						
Rationale for Attendand	e Imple	mant Dry	erventing	leaned	at trang	
Expenses paid by:	SBDM □ PD	☐ Spec Ed ☐ K	TS DOther (M	UST Specify)		
Estimated Expenses:	Days at	other to	anihas - 2			
Registration Loc Principal Signature:	0 0	eals Mile \$0.46 pc		\$100 pe		otal Est. Expenses
Prior Superintendent A	oproval:) au	drantyAd		equired if Expenses are Paid	by Grant Funds
Approved			2	8/1		11/12/2
Reason		Supe	rintendent Signa	ture		Date
original required re	ceipts and signatu	res.	AVELEXPE	NOE KEII	MBURSEMENT	REQUEST
original required re **** Per Board Policy 03.12 Date # Miles		i es.		be submitted wi		
*** Per Board Policy 03.12	and 03.225: "Out-o	of-District Travel Rein	nbursements MUST I	be submitted wi	thin thirty (30) days of the ner Expenses	travel return date.***
*** Per Board Policy 03.12	and 03.225: "Out-o	of-District Travel Rein	nbursements MUST I	be submitted wi	thin thirty (30) days of the ner Expenses	travel return date.***
*** Per Board Policy 03.12	Charge @ \$.46 stat all expenses includinty Schools in the coursement from the	Lodging Lod	Meals Meals Itement were incurred siness; that they are aired of Education; and	ed by an e proper dithat all	thin thirty (30) days of the ner Expenses	travel return date.***
Date # Miles Date # Miles Affidavit: hereby certify themployee of Simpson Coucharges qualifying for reim	Charge @ \$.46 stat all expenses includinty Schools in the coursement from the	Lodging Lod	Meals Meals Itement were incurred siness; that they are aired of Education; and	ed by an e proper di that all	thin thirty (30) days of the ner Expenses Explanation Reimbursement Due	travel return date.***

Employee Name School/Work Site Name of Meeting/Con Date(s) of Meeting/Con Place of Meeting/Con Rationale for Attenda Expenses paid by:	onference	District Cr 10/16/24	_	penge	Team Netrode 7130 Return Tim	e_4100
Estimated Expenses:						
Principal Signature: Prior Superintendent Approved Reason	Approval: Not Approve		mile (A)	\$100 dmin:	ostitute Other I per day Required if Expenses are Paid	by Grant Funds Date
Submit this section u original required r *** Per Board Policy 03.1	eceipts and sig	natures. IRA			IMBURSEMENT within thirty (30) days of the	
Date # Mile	Charge \$.46	@ Lodging	Meals	Amount	Other Expenses Explanation	Total
employee of Simpson Co charges qualifying for reir	unty Schools in nbursement fror	s included in the above state the capacity of official busin the Simpson County Board	ness; that they are d of Education; and	e proper I that all	Reimbursement Due	
employee of Simpson Co charges qualifying for reir	unty Schools in nbursement fror	the capacity of official busi	ness; that they are d of Education; and	e proper I that all	Reimbursement Due	
employee of Simpson Co charges qualifying for reir	unty Schools in nbursement fror	the capacity of official busi n the Simpson County Board	ness; that they are d of Education; and	e proper I that all		
employee of Simpson Co charges qualifying for reir	unty Schools in nbursement fror	the capacity of official busi n the Simpson County Board	ness; that they are d of Education; and	e proper d that all		

Employee Name	Amie Cl	ranes	Date Submitt	ed 10/18/24	
School/Work Site					
Name of Mosting/Co	nforance Dela	lavior at	Vauma		
Date(s) of Meeting/C	onference 0	93/94	Departure Time	Return Time	4100
Place of Meeting/Cor	nference <u>GR</u>	REC			
Rationale for Attenda	ince Netur	orking with	in other 1	Uttp	_
Expenses paid by:	☑ SBDM ☐ PD ☐	Spec Ed KETS	☐ Other (MUST Spe	ecify)	
Estimated Expenses:					
Registration L Principal Signature: _ Prior Superintendent			e	Substitute Other To \$100 per day Required if Expenses are Paid	by Grant Funds
Approved	Not Approved		Sh		10/8/24
Reason		Superint	endent Signature		Date
	ipon returning. Include receipts and signature		EL EXPENSE I	REIMBURSEMENT	REQUEST
	125 and 03.225: "Out-of- Charge @		Meals Amou	tted within thirty (30) days of the t Other Expenses Int Explanation	travel return date.** Total
*** Per Board Policy 03.	125 and 03.225: "Out-of-	District Travel Reimbur	Meals	Other Expenses	
*** Per Board Policy 03.	125 and 03.225: "Out-of-	District Travel Reimbur	Meals	Other Expenses	
*** Per Board Policy 03.	125 and 03.225: "Out-of-	District Travel Reimbur	Meals	Other Expenses	
*** Per Board Policy 03.	125 and 03.225: "Out-of-	District Travel Reimbur	Meals	Other Expenses	
*** Per Board Policy 03.	125 and 03.225: "Out-of-	District Travel Reimbur	Meals	Other Expenses	
*** Per Board Policy 03.	125 and 03.225: "Out-of-	District Travel Reimbur	Meals	Other Expenses	
Date # Mile	125 and 03.225: "Out-of- Charge @ \$.46	Lodging	Meals Amou	Other Expenses	
*** Per Board Policy 03.	Charge @ \$.46 S that all expenses include ounty Schools in the cap imbursement from the Si	Lodging Lodging ed in the above statem pacity of official businessimpson County Board of	ent were incurred by anss; that they are proper f Education; and that all	Other Expenses Int Explanation Reimbursement Due	
*** Per Board Policy 03. Date # Mile Affidavit: I hereby certify employee of Simpson Cocharges qualifying for re	Charge @ \$.46 S that all expenses include ounty Schools in the cap imbursement from the Si	Lodging Lodging ed in the above statem pacity of official businessimpson County Board of	ent were incurred by anss; that they are proper f Education; and that all	Other Expenses Int Explanation Reimbursement Due	

Employee Name Tim Cowks	Date Submitted 11 4 24
School/Work Site High School	
Name of Meeting/Conference KINA	Managers Contentace
Date(s) of Meeting/Conference 115-115	Departure Time 1:00pm Return Time 4:00pm
Place of Meeting/Conference	boro, ky
Rationale for Attendance	conference for maragers,
Expenses paid by: ☐ SBDM ☐ PD ☐ Spe	c Ed KETS Cother (MUST Specify) FOOD SEVICE
Estimated Expenses:	
Registration Lodging Meals See policy on back 2589 8000 Principal Signature:	Mileage Airfare Substitute Other Total Est. Expenses * \$0.46 per mile \$100 per day 3380 Grant/Admin: Required if Expenses are Paid by Grant Funds
Prior Superintendent Approval:	Required it Expenses are raid by Grant rulius
Approved Not Approved	11/6/34
Reason	Superintendent Signature Date
Submit this section upon returning. Include any original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REQUEST
Charge @	odging Meals Amount Explanation Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.** Other Expenses Total
Charge @	Other Expenses Total
Date # Miles Charge @	Other Expenses Total
Date # Miles Charge @	Other Expenses Total
Charge @	Other Expenses Total
Charge @	Other Expenses Total
Charge @	Other Expenses Total
Charge @	Other Expenses Total
Date # Miles Charge @	Other Expenses Total
Affidavit: I hereby certify that all expenses included in temployee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson	Other Expenses Amount Explanation Total Amount Explanation Total Reimbursement Due of official business; that they are proper in County Board of Education; and that all
Date # Miles Charge @ Lo \$.46 Lo Affidavit: I hereby certify that all expenses included in temployee of Simpson County Schools in the capacity of the capacit	Other Expenses Amount Explanation Total Amount Explanation Total Reimbursement Due of official business; that they are proper in County Board of Education; and that all
Affidavit: I hereby certify that all expenses included in temployee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson	Other Expenses Amount Explanation Total Amount Explanation Total Reimbursement Due of official business; that they are proper in County Board of Education; and that all
Date # Miles Charge @ \$.46 Lo \$.46 Lo Affidavit: I hereby certify that all expenses included in temployee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson data furnished here within is true and correct to the best	Meals Meals Amount Explanation Total Reimbursement Due of official business; that they are proper in County Board of Education; and that all t of my knowledge. Central Office Use:

		. 1. 4			-//	
Employee Name	RAIN Lel	<u>/K</u>	Date	e Submitte	ed <u>9//L/24</u>	
School/Work Site	emponistro			4		
Name of Meeting/Confer	ence Ka	= TRMS	podation D	rector	Ten	
Date(s) of Meeting/Confe	erence Oct.	29 2020	/ — Depar	ture Time	Return	
Place of Meeting/Confere	ence Oct	30, 202	300 S	Ohere B	lud Frankfort	Ky, 40601
Rationale for Attendance	Director	TRAIL (4	polotes or	Lows	Issue & Ne	had
Expenses paid by:	SBDM PD C	Spec Ed D	KETS	MUST Spe	cify)	
Estimated Expenses:						
Registration Lodgi	ing Mea See policy o	on back* \$0.46	eage Airfa per mile). 88		Substitute Other	250.88
Principal Signature:			Grant//	Admin:	Thele Inell	D. Lit. Grant Sunda
Prior Superintendent App	roval:		1	81	Required # Expenses are	Paid by Grant Funds
Approved N	ot Approved	<	< >>	me	-	9/18/27
Reason		Sup	erintendent Sigr	nature		Date
Submit this section upon original required rece	returning, Include	any TR	AVEL EXP	ENSE F	REIMBURSEME	NT REQUEST
original required reco	ind 03 225: "Out-of-					
*** Per Board Policy 03.125 a	ind 03.225: "Out-of-l	District Travel Rei	mbursements MUS		ted within thirty (30) days of Other Expenses	the travel return date.***
*** Per Board Policy 03.125 a Date # Miles	and 03.225: "Out-of-l				ted within thirty (30) days of Other Expenses	
*** Per Board Policy 03.125 a	nnd 03.225: "Out-of-l Charge @	District Travel Rei	mbursements MUS	T be submit	ted within thirty (30) days of Other Expenses	the travel return date.***
Per Board Policy 03.125 a Date # Miles	ond 03.225: "Out-of- Charge @ \$.46	District Travel Rei	Meals \$ 40.	T be submit	ted within thirty (30) days of Other Expenses	Total
Per Board Policy 03.125 a Date # Miles	ond 03.225: "Out-of- Charge @ \$.46	District Travel Rei	mbursements MUS Meals	T be submit	ted within thirty (30) days of Other Expenses	the travel return date.***
Per Board Policy 03.125 a Date # Miles	ond 03.225: "Out-of- Charge @ \$.46	District Travel Rei	Meals \$ 40.	T be submit	ted within thirty (30) days of Other Expenses	Total
Per Board Policy 03.125 a Date # Miles 10/28/24 164	Charge @ \$.46	District Travel Rei	Meals # 40.	T be submit	ted within thirty (30) days of Other Expenses	Total † 115 44 140.
Per Board Policy 03.125 a Date # Miles	Charge @ \$.46	District Travel Rei	Meals # 40.	T be submit	ted within thirty (30) days of Other Expenses	Total Total 415 40.
Per Board Policy 03.125 a Date # Miles 10/28/24 164	Charge @ \$.46	District Travel Rei	Meals # 40.	T be submit	ted within thirty (30) days of Other Expenses	Total † 115 44 140.
Per Board Policy 03.125 a Date # Miles 10/28/24 164	Charge @ \$.46	District Travel Rei	Meals # 40.	T be submit	other Expenses Explanation	Total 1 15 44 4 40. 60 4 95. 44
Date # Miles 10/28/24 164 10/30/24 164 Affidavit: I bereby certify that	Charge @ \$.46 \$ 75.	Lodging Lodging ed in the above st	Meals # 40.	Amount Am	ted within thirty (30) days of Other Expenses	Total 1 15 44 1 40. 60 4 95. 44
Date # Miles 10/28/24 14 10/30/24 14 Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbur	Charge @ \$.46 \$ 75 all expenses include Schools in the caparsement from the Sir	Lodging Lodging ed in the above stacity of official bompson County Bo	Meals # 40. # 40. # 40. # 40. # 40. # 40.	Amount Am	Other Expenses The Explanation Reimbursement D	Total 1 15 44 1 40. 60 4 95. 44
Date # Miles 10/28/24 14 10/29/24 10/30/24 14 Affidavit: I hereby certify that employee of Simpson County	Charge @ \$.46 \$ 75 all expenses include Schools in the caparsement from the Sir	Lodging Lodging ed in the above stacity of official bompson County Bo	Meals # 40. # 40. # 40. # 40. # 40. # 40.	Amount Am	other Expenses Explanation	Total 1 15 44 1 40. 60 4 95. 44
Date # Miles 10/28/24 14 10/30/24 14 Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbur	Charge @ \$.46 \$ 75 all expenses include Schools in the caparsement from the Sir	Lodging Lodging ed in the above stacity of official bompson County Bo	Meals # 40. # 40. # 40. # 40. # 40. # 40.	Amount Am	Other Expenses The Explanation Reimbursement D Central Office Use:	Total 1 15 44 1 40. 60 4 95. 44
Date # Miles 10/28/24 14 10/30/24 14 Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbur	Charge @ \$.46 \$ 75 all expenses include Schools in the caparsement from the Sir	Lodging Lodging ed in the above stacity of official bompson County Bo	Meals # 40. # 40. # 40. # 40. # 40. # 40.	Amount Am	Other Expenses The Explanation Reimbursement D	Total 1 15 44 1 40. 60 4 95. 44
Date # Miles Date # Miles Date # Miles	Charge @ \$.46 \$ 75 all expenses include Schools in the caparsement from the Sir	Lodging Lodging ed in the above stacity of official bompson County Bo	Meals # 40. # 40. # 40. # 40. # 40. # 40. # 40. # 40.	Amount Am	Other Expenses The Explanation Reimbursement D Central Office Use:	Total 1 15 44 1 40. 60 4 95. 44

Tennifor (DI)	Date Submitted 11424
Employee Name Jenter Cli	Date Submitted 1 1 1 1 1 1
School/Work Site 1797 3000	Manager Retreat
Name of Meeting/Conference	
Date(s) of Meeting/Conference 115-115	Departure Time 1:00pm Return Time 4:00pm
Place of Meeting/Conference	Sboro, Ky
Rationale for Attendance	conference for managers
Expenses paid by: 🔲 SBDM 🔲 PD 🔲 Spe	ec Ed KETS Cother (MUST Specify) 1000 SEVIL
Estimated Expenses:	
Registration Lodging Meals See policy on back Principal Signature: Prior Superintendent Approval:	Mileage Airfare Substitute Other Total Est. Expenses \$100 per day Grant/Admin: Required if Expenses are Paid by Grant Funds
Approved Not Approved	1/2/2
Reason Reason	Superintendent Signature Date
original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-Distri	odging Meals Amount Explanation Total
*** Per Board Policy 03.125 and 03.225: "Out-of-Distri	ct Travel 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-Distri	ct Travel 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-Distri	ct Travel 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-Distri	ct Travel 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-Distri	ct Travel 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-Distri	odging Meals Other Expenses Total Amount Explanation
*** Per Board Policy 03.125 and 03.225: "Out-of-Distri	the above statement were incurred by an of official business; that they are proper on County Board of Education; and that all
Date # Miles Charge @ \$.46 Log \$.46 Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson data furnished here within is true and correct to the best	odging Meals Other Expenses Total Amount Explanation Total the above statement were incurred by an of official business; that they are proper in County Board of Education; and that all st of my knowledge. Central Office Use:
**** Per Board Policy 03.125 and 03.225: "Out-of-District Date # Miles Charge @ \$.46 Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson	the above statement were incurred by an of official business; that they are proper on County Board of Education; and that all

Employee Name	rd Eve	225	Date	e Submitte	10/15/24	
School/Work Site	5 H >	40 1	561		1000 40	
Name of Meeting/Confere	nce /va	Tional	Donor	tura Tima	Si 120 AMPaturn Tim	B 308
Date(s) of Meeting/Conference	ence	22-25	Depar	ture rime_	O. OOA/-(Neturn 1111)	e
Place of Meeting/Conferen	ice <u>Indi</u>	arpolis	1 1	ca tion	. Centel	
Rationale for Attendance _	5 tuste	nt A	choever	<i>c</i>		
Expenses paid by:	BDM 🗆 PD 🔲 S	Spec Ed	TS La Other (MUST Spec	cify) <u>Per Kins</u>	
Estimated Expenses:						
Registration Lodging	See policy on	back* \$0.46 ⁻ pe			ubstitute Other 7	Fotal Est. Expenses
441	140			4	50	481
	6/		C	Admin: <u></u>	Birth	
Prior Superintendent Appre	aval:		Grant/A		Required if Expenses are Paid	d by Grant Funds
ApprovedNot			45	10		10/22/24
Reason		Supe	rintendent Sigr	nature		Date
	10					
Submit this section upon re original required receip	ts and signatures.				EIMBURSEMENT	REQUEST
was now December Delieus 02 125 and	4 02 225. "Out-of-Di	strict Travel Reim	bursements MUS	T be submitt	ed within thirty (30) days of the	travel return date.***
Per Board Policy 03.125 and Date # Miles	Charge @	Lodging	bursements MUS Meals	T be submitt Amoun	ed within thirty (30) days of the Other Expenses t Explanation	travel return date.*** Total
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25 12 St. 18 15 15 15 15 15 15 15 15 15 15 15 15 15	Charge @				Other Expenses	100-2016-70-00-50-10
Date # Miles	Charge @ \$.46	Lodging	Meals	Amoun	Other Expenses	100-2016-70-00-50-10
Affidavit: I hereby certify that al	Charge @ \$.46	Lodging I in the above statity of official bus	Meals tement were incu	Amoun	Other Expenses t Explanation	100-2016-70-00-50-10
Date # Miles Affidavit: I hereby certify that a	Charge @ \$.46 \$.46 Il expenses included ichools in the capacement from the Sim	Lodging I in the above statity of official bus pson County Boar	Meals tement were incuiness; that they are dof Education; a	Amoun	Other Expenses t Explanation	100-2016-70-00-50-10
Affidavit: I hereby certify that al employee of Simpson County S charges qualifying for reimburses	Charge @ \$.46 \$.46 Il expenses included ichools in the capacement from the Sim	Lodging I in the above statity of official bus pson County Boar	tement were incuiness; that they ard of Education; a edge.	Amoun	Reimbursement Due Central Office Use:	100-2016-70-00-50-10
Affidavit: I hereby certify that al employee of Simpson County S charges qualifying for reimburses	Charge @ \$.46 \$.46 Il expenses included ichools in the capacement from the Sim	Lodging I in the above statity of official bus pson County Boar	Meals tement were incuiness; that they are dof Education; a	Amoun	Other Expenses t Explanation Reimbursement Due	100-2016-70-00-50-10
Affidavit: I hereby certify that al employee of Simpson County S charges qualifying for reimburse data furnished here within is true	Charge @ \$.46 \$.46 Il expenses included ichools in the capacement from the Sim	Lodging I in the above statity of official bus pson County Boar	tement were incuiness; that they ard of Education; a edge.	Amoun	Reimbursement Due Central Office Use:	100-2016-70-00-50-10

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

11/24

Employee Na	ame 🗲 👡	el E	Van 3	Dat	e Submitte	ed	
Calaat /Mari	l Cita	-145				5.	
Name of Me	eting/Confer	ence 4/	Hay F	OP AS	5095-0	nt Iter	Analysis
Date(s) of M	leeting/Confe	rence	7/24	Depar	ture Time	At Item 8:00 Return Tim	ne <u>3:00 </u>
Place of Mee	eting/Confere	ence Fran	ikfort, K	y (Vietra))		
Rationale for	r Attendance	/	riculus	I-Prove	n cn t		
Expenses pai	id by:	SBDM PD	☐ Spec Ed ☐	KETS Other	MUST Spe	cify)KDE	
Estimated Ex							
Registratio	n Lodgi			ileage Airfa Spermile —		Substitute Other S100 per day	Total Est. Expenses
Dringinal Sign	nature:	H		Grant/	Admin:		
	ntendent App	/ /		1	-11	Required if Expenses are Pa	id by Grant Funds
Approv	vedN	Approved		25	SM		11/6/24
Reason			Su	perintendent Sign	nature		Date
original	required rece	ints and signatu	of the Control of the	A. S. M. San Ser See F S. S.	Date of the party of the	REIMBURSEMENT	
*** Per Board		nd 03.225: "Out-	of-District Travel Re	eimbursements MUS		ted within thirty (30) days of the Other Expenses	e travel return date.***
*** Per Board Date						ted within thirty (30) days of the Other Expenses	
No. of the last of	Policy 03.125 a	nd 03.225: "Out- Charge @	of-District Travel Re	eimbursements MUS	ST be submit	ted within thirty (30) days of the Other Expenses	e travel return date.***
No. of the last of	Policy 03.125 a	nd 03.225: "Out- Charge @	of-District Travel Re	eimbursements MUS	ST be submit	ted within thirty (30) days of the Other Expenses	e travel return date.***
No. of the last of	Policy 03.125 a	nd 03.225: "Out- Charge @	of-District Travel Re	eimbursements MUS	ST be submit	ted within thirty (30) days of the Other Expenses	e travel return date.***
No. of the last of	Policy 03.125 a	nd 03.225: "Out- Charge @	of-District Travel Re	eimbursements MUS	ST be submit	ted within thirty (30) days of the Other Expenses	e travel return date.***
No. of the last of	Policy 03.125 a	nd 03.225: "Out- Charge @	of-District Travel Re	eimbursements MUS	ST be submit	ted within thirty (30) days of the Other Expenses	e travel return date.***
No. of the last of	Policy 03.125 a	nd 03.225: "Out- Charge @	of-District Travel Re	eimbursements MUS	ST be submit	ted within thirty (30) days of the Other Expenses	e travel return date.***
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Date Affidavit: I here	# Miles # Deby certify that simpson County	charge @ \$.46	Lodging Lodging Ided in the above apacity of official	Meals Meals Statement were incubusiness; that they	Amount Am	ted within thirty (30) days of the Other Expenses	Total
Affidavit: I here employee of Scharges qualify	# Miles # Miles eby certify that simpson County ying for reimbur	charge @ \$.46 s.46 all expenses inclusions in the consent from the	Lodging Lodging Ided in the above apacity of official	Meals Meals Statement were incubusiness; that they oard of Education; a	Amount Am	Other Expenses Explanation	Total
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School/Work	Site	5/7/	17/1					
		ence/			t Time a	11.3	A A Poturn Ti	me 11:30 P
		rence			arture IIme	11.0	o / v cketum m	me <u>17.30 77</u>
		nce Ky						
Rationale for				1 Learning				
Expenses pai	d by: 四 S	BDM DPD	☐ Spec Ed	KETS Other	· (MUST Spe	ecify)		-
Estimated Ex	penses:							
Registratio	n Lodgir	.0		Mileage Air .46 per mile		Substitute \$100 per day	Other	Total Est. Expenses
		2	2		1	00		\$120
D. C. J. Cinu		6		Grant	/Admin:			
Principal Sigr Prior Superin				Oran	/	Require	ed if Expenses are P	aid by Grant Funds
	/	t Approved			-Sh	_		11/1/2
Reason			S	Superintendent Si	gnature			bate
					The same of the sa	4545		
	Paction Harry	returning inch	de anv			SEIS AD	LIDCENAEN	TOPOLICE
	required recei	pts and signatu	res.	RAVEL EXF				
original	required recei	pts and signatund 03.225: "Out-out-out-out-out-out-out-out-out-out-o	res.		JST be submit	tted within t	hirty (30) days of the	he travel return date.**
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*** Per Board Date Affidavit: I here employee of Si charges qualify	# Miles # Wiles by certify that a mpson County ing for reimburs	pts and signatured to the control of	Lodging Lodging ded in the above pacity of official Simpson County	e statement were included by the Board of Education;	Amou	Other Ex	chirty (30) days of the spenses Explanation mbursement Du	Total
*** Per Board Date Affidavit: I here employee of Si charges qualify	# Miles # Wiles by certify that a mpson County ing for reimburs	pts and signatured to the control of	Lodging Lodging ded in the above pacity of official Simpson County	e statement were included by the Board of Education;	Amou	Other Ex	thirty (30) days of the spenses Explanation	Total
Affidavit: I here employee of Si charges qualify data furnished	# Miles # Miles by certify that a mpson County ing for reimburs here within is true.	pts and signatured to the control of	Lodging Lodging ded in the above pacity of official Simpson County	e statement were in business; that they board of Education; nowledge.	Amou	Reir	chirty (30) days of the spenses Explanation mbursement Du	Total
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Employee Name LeAnn F15he School/Work Site Central O Name of Meeting/Conference Lowe Date(s) of Meeting/Conference Jan. 2	ffice		1 (e_4:00pm
Place of Meeting/Conference LOUISVILL Rationale for Attendance Spenses paid by: SBDM PD Spenses: Registration Lodging Meals See policy on bases	N IN GULLATION PEC ED ON Mileage	M Leadener (MUST Specifor	ship 1) to	Total Est. Expenses
Principal Signature: Prior Superintendent Approval: Approved Not Approved Reason	130.04	ont/Admin:	Required if Expenses are Paie	by Grant Funds NOR
Submit this section upon returning. Include ar original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-Dist Date # Miles Charge @ \$.46	IKAVELE	MUST be submitted	IMBURSEMENT within thirty (30) days of the Other Expenses Explanation	
9-23 112 51.52	40.	Amount	Explanation	91.52
9-24 112 51.52	20			71.52
Affidavit: I hereby certify that all expenses included i	in the above statement were	incurred by an	Reimbursement Due	163.04
	ty of official business; that t son County Board of Educati	hey are proper on; and that all	Reimbursement Due Sentral Office Use:	71.52

Employee Na	me Robin	. Hollingswo					
	Site			n/Beasley Hous	e		
Name of Mee	eting/Confere	nce <u>Fall</u>	Conference 2	024			
Date(s) of Me	eeting/Confer	ence 10/2	8/24-10/26	2/24 Depart	ture Time _	9!00am Return Tim	1e 8:30pm
	ting/Conferen		House - Louis				
Rationale for	Attendance _	Pro	ofessional Dev	relopment			
Expenses paid	d by: 🗆 SE	BDM 🛛 PD	□ Spec Ed □	KETS	MUST Spec	ify)	
Estimated Ex	penses:						
Registration	n Lodginį	g Me See policy		leage Airfa per mile		bstitute Other DO per day	Total Est. Expenses
	\$204.5		27 -	per mile			226.83
Prior Superint Approve	tendent Appro			Grant/A	She	Required if Expenses are Pai	d by Grant Funds 1 13 2 + Date
IT IS CONTROL OF THE PARTY OF T		eturning. Include ts and signatur	AND THE RESERVE AND THE PERSON NAMED IN COLUMN 1	AVEL EXPE	ENSE RI	EIMBURSEMENT	REQUEST
*** Per Board I	Policy 03.125 and		ACCOUNT OF THE PARTY OF THE PAR	imbursements MUS	T be submitte	d within thirty (30) days of the	travel return date.***
*** Per Board I	Policy 03.125 and # Miles	d 03.225: "Out-of Charge @ \$.46	ACCOUNT OF THE PARTY OF THE PAR	imbursements MUS	T be submitte Amount	Other Expenses	travel return date.*** Total
	(a. 141.13a ju	Charge @	-District Travel Re	150 ST 15 LE		Other Expenses	
Date 10/28/24	# Miles	Charge @	-District Travel Re Lodging	150 ST 15 LE		Other Expenses	Total
Date	# Miles	Charge @	-District Travel Re Lodging	Meals		Other Expenses	Total \$204.56
Date 10/28/24	# Miles	Charge @	-District Travel Re Lodging	Meals		Other Expenses	Total \$204.56
Date 10/28/24	# Miles	Charge @	-District Travel Re Lodging	Meals		Other Expenses	Total \$204.56
Date 10/28/24	# Miles	Charge @	-District Travel Re Lodging	Meals		Other Expenses	Total \$204.56
Date 10/28/24	# Miles	Charge @	-District Travel Re Lodging	Meals		Other Expenses	Total \$204.56
Date 10/28/24 10/28/21	# Miles	\$.46	Lodging \$204.56	Meals 22.27 tatement were incur	Amount	Other Expenses	Total \$204.56
Affidavit: I here employee of Sin charges qualifyidata formshed h	# Miles by certify that al mpson County Sing for reimbursehere within is true	S.46 \$.46 Il expenses include chools in the capement from the S	Lodging \$204.56	Meals 22.27 tatement were incur usiness; that they a	Amount	Reimbursement Due Central Office Use:	*************************************
Date 10/28/24 10/28/2 Affidavit: I here employee of Sin charges qualifyi	# Miles by certify that al mpson County Sing for reimbursehere within is true	S.46 \$.46 Il expenses include chools in the capement from the S	Lodging \$204.56 ded in the above spacity of official bisimpson County Bo	Meals 22.27 tatement were incur usiness; that they a pard of Education; ar wledge.	Amount	Other Expenses Explanation Reimbursement Due	*************************************

Employee Name	el Hone	shell	Date	Submitted	[-11-	24	
School/Work Site 5	ES FRO						
Name of Meeting/Confer	rence Reg	ionaln	Reting		0. 0		
Date(s) of Meeting/Confe	erence 11 - D	1-24	1	ıre Time 💆	. 1	Return Time	3.00
Place of Meeting/Conference	ence Wan	County		1780	55 John	Paul RV	164 4797 V
Rationale for Attendance			ate Me	~	101	1211	
Expenses paid by:	SBDM □ PD □	Spec Ed KE			(fy) 505	TRC	
Estimated Expenses:			1000	1104-1	1080-10	7 1 L	
Principal Signature: Prior Superintendent App N Reason	See policy of the proval:	n back* \$0.46 pe		dmin:	Required if Expo		by Grant Funds
Theason		Juper	interioent signe				
	returning. Include	TOA	VIEL EVOL	ALCE DI			
original required rece *** Per Board Policy 03.125 a Date # Miles	ipts and signature	s. IMA	bursements MUST Meals		d within thirty (30 Other Expenses) days of the t	
original required rece	ipts and signature and 03.225: "Out-of- Charge @	s. District Travel Reim	bursements MUST	be submitte	d within thirty (30 Other Expenses) days of the t	ravel return date.***
original required rece	ipts and signature and 03.225: "Out-of- Charge @	s. District Travel Reim	bursements MUST	be submitte	d within thirty (30 Other Expenses) days of the t	ravel return date.***
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original required rece	ipts and signature and 03.225: "Out-of- Charge @	s. District Travel Reim	bursements MUST	be submitte	d within thirty (30 Other Expenses) days of the t	ravel return date.***
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Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbu data furnished here within is to	Charge @ \$.46 call expenses include y Schools in the cap	Lodging Lodging ed in the above statacity of official bus mpson County Boar	Meals Meals Meals Meals Meals Meals Meals	Amount red by an e proper d that all	Reimburse) days of the t	ravel return date.***

Employee Name LORI Honshi	Cl Date Sub	mitted 10-15-6) 4
School/Work Site 6 6 FRC	A		
Name of Meeting/Conference	HC Meetin	d a	
Date(s) of Meeting/Conference	Departure T	ime 10:30 Return Ti	me 1:00
Place of Meeting/Conference	Ba		
	Gional Event		
Expenses paid by:	KETS Other (MUST	Specify) <u>565 FR</u>	C
Estimated Expenses:			
Registration Lodging Meals See policy on back* Principal Signature:	Mileage Airfare \$0.46 per mile Grant/Admin	Substitute \$100 per day	Total Est. Expenses
Prior Superintendent Approval:	10	Required if Expenses are Pa	aid by Grant Funds
Approved Not Approved	1-81	N	10/18/24
Reason	Superintendent Signature	=	Date
Submit this section upon returning. Include any	TRAVEL EXDEMS	E REIMBURSEMEN	T REQUEST
original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District Tra Charge @ Lodgin \$.46	vel Reimbursements MUST be su	bmitted within thirty (30) days of th Other Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be su	bmitted within thirty (30) days of th Other Expenses	e travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be su	bmitted within thirty (30) days of th Other Expenses	e travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be su	bmitted within thirty (30) days of th Other Expenses	e travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be su	bmitted within thirty (30) days of th Other Expenses	e travel return date.***
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*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be su	bmitted within thirty (30) days of th Other Expenses	e travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be su	bmitted within thirty (30) days of th Other Expenses	e travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	ng Meals Ar	Other Expenses nount Explanation Reimbursement Due	e travel return date.*** Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra Date # Miles Charge @ \$.46 Lodgin Lodgin Affidavit: I hereby certify that all expenses included in the above the second control of th	Meals Ar Drove statement were incurred by ficial business; that they are pronty Board of Education; and that	Other Expenses nount Explanation Reimbursement Due	e travel return date.*** Total
Date # Miles Charge @ Lodgin \$.46 Lodgin Affidavit: I hereby certify that all expenses included in the atemployee of Simpson County Schools in the capacity of officharges qualifying for reimbursement from the Simpson Coundata furnished here within is true and correct to the best of meaning that the second content is true and correct to the best of meaning that the second content is true and correct to the best of meaning that the second content is true and correct to the best of meaning that the second content is true and correct to the best of meaning that the second content is true and correct to the best of meaning that the second content is true and correct to the best of meaning that the second content is true and correct to the best of meaning that the second content is true and correct to the best of meaning that the second content is true and correct to the best of meaning that the second content is true and correct to the best of meaning that the second content is true and correct to the best of meaning that the second content is true and correct to the best of meaning that the second content is true and correct to the best of meaning that the second content is true and correct to the best of meaning that the second content is true and correct to the best of meaning that the second content is true and correct to the best of meaning that the second content is true and correct to the s	Meals Ar Drove statement were incurred by ficial business; that they are pronty Board of Education; and that	Other Expenses nount Explanation Reimbursement Due	e travel return date.*** Total
Date # Miles Charge @ Lodgin \$.46 Lodgin Affidavit: I hereby certify that all expenses included in the atemployee of Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson County Schools can be supposed to the simpson County Schools of the capacity of off charges qualifying for reimbursement from the Simpson County Schools can be supposed to the simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson County Schools can be supposed to the supposed t	ove statement were incurred by ficial business; that they are project by knowledge.	Other Expenses nount Explanation Reimbursement Due	e travel return date.*** Total

Employee Name DeAna Islas	Date Subm	nitted 10/21/24	
School/Work Site FS HS			
Name of Meeting/Conference DECA	Fall Workshop		
Date(s) of Meeting/Conference Oct2	∠ 2024 Departure Tire ∠ 2024 Departure	me 8:15 Return Time 1pm	
Place of Meeting/Conference	- C n	· · ·	
Rationale for Attendance Cocurricu			
Expenses paid by: \square SBDM \square PD \square Spe	ec Ed 🔲 KETS 💢 Other (MUST :	Specify)	
Estimated Expenses:			
Registration Lodging Meals See policy on bac	Mileage Airfare k* \$0.46 per mile	Substitute Other Total Est. Expe	enses
Principal Signature:	Grant/Admin:		
Prior Superintendent Approvat:	1 11	Required if Expenses are Paid by Grant Fund	is /
ApprovedNot Approved	SM	10/23	124
Reason	Superintendent Signature	Di	ite '
*** Per Board Policy 03.125 and 03.225: "Out-of-Distributed Policy 03.225: "	ict Travel Reimbursements MUST be sub	Other Explanation E REIMBURSEMENT REQUE Mays of the travel return description of the travel retur	
Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson	of official business; that they are prop on County Board of Education; and that	per all	
employee of Simpson County Schools in the capacity	of official business; that they are prop on County Board of Education; and that	per	
employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson	of official business; that they are prop on County Board of Education; and that	per all	
employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpso date furnished here within is true and correct to the be	of official business; that they are propon County Board of Education; and that st of my knowledge.	central Office Use:	

Employee Na	ame ton	WINE IV	anning	Date	Jubilitie	d 11424	
School/Worl	1<	alamiz	0101	entary			
-	eting/Confer	ence KSN	IA Mar	agers T	Retra	eat	
	_	rence <u>115-</u>	11/7	Depar	ture Time	Return Tim	e <u>4:00pm</u>
	eting/Confere	2	enspor	s, Ky	n		
Rationale for	r Attendance	Annual	conter	ence 1	or r	nanagers	1
Expenses pa	id by:	SBDM PD C	Spec Ed 🛭 K	TS Other (MUST Spe	cify) 1004 Servi	le
Estimated Ex	kpenses:			V •			
Registratio	n Lodgi					ubstitute Other 1 100 per day	otal Est. Expenses
	258	See policy of See	95.16 per				123.56
	ntendent App	roval: ot Approved	Supe	Grant/A	81	Required if Expenses are Paid	d by Grant Funds 11629 Date
		ipts and signature nd 03.225: "Out-of Charge @ \$.46	The second secon			EIMBURSEMENT red within thirty (30) days of the Other Expenses at Explanation	
						Reimbursement Due	
employee of S	Simpson County ying for reimbur	all expenses includ Schools in the cap rement from the S	pacity of official bu impson County Boa	siness; that they a ard of Education; a	are proper	Reimbursement Due	
employee of S	Simpson County ying for reimbur	all expenses includ Schools in the cap rement from the S rue and correct to t	pacity of official bu impson County Boa	siness; that they a ard of Education; a	are proper	Reimbursement Due Central Office Use:	
employee of S charges qualif	Simpson County ying for reimbur I here within is t	Schools in the car sement from the S	pacity of official bu impson County Boa	siness; that they a ard of Education; a	are proper		