

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Estimated Expenses:

Principal Signature: _____ Grant/Admin: _____ Required if Expenses are Paid by Grant Funds
Prior Superintendent Approval: _____
☒ Approved ☐ Not Approved... 10/22/24
Reason _____ Superintendent Signature _____ Date

TRAVEL EXPENSE REIMBURSEMENT REQUEST

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

CFO Approval

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Sue Lynn Prater Date Submitted 11/4/24
 School/Work Site Middle School
 Name of Meeting/Conference KNA managers Retreat
 Date(s) of Meeting/Conference 11/5-11/7 Departure Time 1:00pm Return Time 4:00pm
 Place of Meeting/Conference Owensboro, KY
 Rationale for Attendance Annual conference for managers
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Food Service
 Estimated Expenses:

| Registration | Lodging | Meals <small>See policy on back*</small> | Mileage <small>\$0.46 per mile</small> | Airfare | Substitute <small>\$100 per day</small> | Other | Total Est. Expenses |
|--------------|---------------|---|---|---------|--|-------|---------------------|
| | <u>258.00</u> | <u>80.00</u> | | | | | <u>338.00</u> |

Principal Signature: Sam Richardson Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 11/6/24

Submit this section upon returning. Include any original required receipts and signatures.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

| Date | # Miles | Charge @ \$.46 | Lodging | Meals | Other Expenses | | Total |
|------|---------|-------------------|---------|-------|----------------|-------------|-------|
| | | | | | Amount | Explanation | |
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Reimbursement Due

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Sarah Richardson Date Submitted 11/8/24

School/Work Site Central Office

Name of Meeting/Conference KIA Regional Training - Part Two

Date(s) of Meeting/Conference 11/13/24 Departure Time 7:00am Return Time 4:00pm

Place of Meeting/Conference Ky Sam Village State Park

Rationale for Attendance training/updates for USDA commodity program

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

Estimated Expenses:

| Registration | Lodging | Meals See policy on back* | Mileage \$0.46 per mile | Airfare | Substitute \$100 per day | Other | Total Est. Expenses |
|--------------|---------|------------------------------|----------------------------|---------|-----------------------------|-------|---------------------|
| | | | 103.04 | | | | 103.04 |

Principal Signature: _____ Grant/Admin: _____

Prior Superintendent Approval:

✓ Approved _____ Not Approved...

Reason _____

Grant/Admin: _____

Required if Expenses are Paid by Grant Funds


Superintendent Signature

11/1/24
Date

Submit this section upon returning. Include any original required receipts and signatures.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***"

| Date | # Miles | Charge @ \$.46 | Lodging | Meals | Other Expenses | | Total |
|------|---------|-------------------|---------|-------|----------------|-------------|-------|
| | | | | | Amount | Explanation | |
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Affidavit: I hereby certify that all expenses included in the above statement were incurred by an

Reimbursement Due

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Reimbursement Due

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

First Half:

| | | | |
|------------------------|---|-------------------------------|---|
| <u>9/5/2024</u> | <u>Cumberland Falls State Park</u> | <u>9:00- 2:00 p.m.</u> | <u>Cumberland Falls State Park</u> Address: 7351 KY-90 Corbin, KY 40701 |
|------------------------|---|-------------------------------|---|

| | | | |
|-------------------------|---|-------------------------------|--|
| <u>9/10/2024</u> | <u>General Butler State Park</u> | <u>9:00- 2:00 p.m.</u> | <u>General Butler State Park</u> Address: 1608 Hwy 227 Carrolton Ky, 41008 |
|-------------------------|---|-------------------------------|--|

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|-------------------------|---|-------------------------------|---|
| <u>10/3/2024</u> | <u>Kentucky Dam Village State Park</u> | <u>9:00- 2:00 p.m.</u> | <u>Kentucky Dam Village State Park</u> Address: 166 Upper Village Dr. Gilbertsville, KY 42044 |
|-------------------------|---|-------------------------------|---|

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Second Half:

| | | | |
|--------------------------|---|-------------------------------|---|
| <u>10/30/2024</u> | <u>Cumberland Falls State Park</u> | <u>9:00- 2:00 p.m.</u> | <u>Cumberland Falls State Park</u> Address: 7351 KY-90 Corbin, KY 40701 |
|--------------------------|---|-------------------------------|---|

| | | | |
|-------------------------|---|-------------------------------|--|
| <u>11/7/2024</u> | <u>General Butler State Park</u> | <u>9:00- 2:00 p.m.</u> | <u>General Butler State Park</u> Address: 1608 Hwy 227 Carrolton Ky, 41008 |
|-------------------------|---|-------------------------------|--|

| | | | |
|--------------------------|---|-------------------------------|---|
| <u>11/13/2024</u> | <u>Kentucky Dam Village State Park</u> | <u>9:00- 2:00 p.m.</u> | <u>Kentucky Dam Village State Park</u> Address: 166 Upper Village Dr. Gilbertsville, KY 42044 |
|--------------------------|---|-------------------------------|---|

Below is a link you will fill out and select your appropriate locations. We are excited to see each of you at these trainings and hope that this will make it easier for each of you to attend!! If you questions please reach out to myself or your Regulatory Inspector.

<https://forms.office.com/g/xfkPcKBHVV?origin=lpLink>



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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Sarah Richardson Date Submitted 11/4/24
School/Work Site Central Office
Name of Meeting/Conference KSNH Managers Retreat
Date(s) of Meeting/Conference 11/5-11/7 Departure Time _____ Return Time _____
Place of Meeting/Conference Owensboro, KY
Rationale for Attendance Annual conference for managers
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Food Service

Estimated Expenses:

| Registration | Lodging | Meals <small>See policy on back*</small> | Mileage <small>\$0.46 per mile</small> | Airfare | Substitute <small>\$100 per day</small> | Other | Total Est. Expenses |
|--------------|---------|---|---|---------|--|-------|---------------------|
| | 1,548 | | | | | | 1,548 |

Principal Signature: _____ Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature J. Shel Date 11/6/24

Submit this section upon returning. Include any original required receipts and signatures.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

| Date | # Miles | Charge @ \$.46 | Lodging | Meals | Other Expenses | | Total |
|------|---------|-------------------|---------|-------|----------------|-------------|-------|
| | | | | | Amount | Explanation | |
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Reimbursement Due

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

You're all set, Sarah!

Confirmation number: 94328400

We sent the details to s....n@simpson.kyschools.us.

Hotel Information



Hampton Inn & Suites Downtown Owensboro/Waterfront

401 West 2nd Street
Owensboro, Kentucky 42301 USA
+1 270-685-2005

Stay Information

5 NOV TUE – **7** NOV THU

Check-in: 3:00 PM

Check-out: 11:00 AM

Early check-in cannot be guaranteed. Contact the hotel to inquire about early check-in or late check-out.

6 rooms for 6 adults

Room 1 \$258.00
1 King Wtr Vw W/fridge Ns, Ky School Nutrition

Room 2 \$258.00
2 Qn Waterview W/fridge Ns, Ky School Nutrition

Room 3 \$258.00
2 Qn Waterview W/fridge Ns, Ky School Nutrition

Room 4 \$258.00
1 King Wtr Vw W/fridge Ns, Ky School Nutrition

Room 5 \$258.00
1 King Wtr Vw W/fridge Ns, Ky School Nutrition

Guest information

Sarah Richardson

Hilton Honors#: 160655017

Room 1 additional guest: Sue Swift

Room 2 additional guest: Tina Cowles

Room 3 additional guest: Jennifer Ellis

Room 4 additional guest: Stephanie Manning

Room 5 additional guest: Suelynn Prater

Room 6 additional guest: Amber Chandler

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Shelina Smith Date Submitted 11/1/24
School/Work Site Central Office
Name of Meeting/Conference KWEL
Date(s) of Meeting/Conference Jan 22-23, 2025 Departure Time 6:00am Return Time 4:00pm
Place of Meeting/Conference Louisville, KY
Rationale for Attendance KY Women in Education Leadership
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Tx

Estimated Expenses:

| Registration | Lodging | Meals See policy on back* | Mileage \$0.46 per mile | Airfare | Substitute \$100 per day | Other | Total Est. Expenses |
|--------------|---------|------------------------------|----------------------------|---------|-----------------------------|-------|---------------------|
| | | <u>60.-</u> | <u>112.24</u> | | | | <u>172.24</u> |

Principal Signature: _____ Grant/Admin: Shelina Smith
Prior Superintendent Approval: _____
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature JSH Date 11/8/24
Required if Expenses are Paid by Grant Funds

Submit this section upon returning. Include any original required receipts and signatures.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

| Date | # Miles | Charge @ \$.46 | Lodging | Meals | Other Expenses | | Total |
|-------------|------------|-------------------|---------|-------------|----------------|-------------|--------------|
| | | | | | Amount | Explanation | |
| <u>9-23</u> | <u>122</u> | <u>56.12</u> | | <u>40.-</u> | | | <u>96.12</u> |
| <u>9-24</u> | <u>122</u> | <u>56.12</u> | | <u>20.-</u> | | | <u>76.12</u> |
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Reimbursement Due 172.24

Employee Signature _____ Date _____
Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Sue Swift Date Submitted 11/4/24
School/Work Site Lincoln Elementary
Name of Meeting/Conference KNA Managers Retreat
Date(s) of Meeting/Conference 11/5-11/7 Departure Time 1:00pm Return Time 4:00pm
Place of Meeting/Conference Owensboro, KY
Rationale for Attendance Annual conference for managers
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Food Service
Estimated Expenses:

| Registration | Lodging | Meals <small>See policy on back*</small> | Mileage <small>\$0.46 per mile</small> | Airfare | Substitute <small>\$100 per day</small> | Other | Total Est. Expenses |
|--------------|-------------------------|---|---|---------|--|-------|-------------------------|
| | <u>258⁰⁰</u> | <u>80⁰⁰</u> | | | | | <u>338⁰⁰</u> |

Principal Signature: Sue Richardson Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature JSH Date 11/6/24

Submit this section upon returning. Include any original required receipts and signatures.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

| Date | # Miles | Charge @ \$.46 | Lodging | Meals | Other Expenses | | Total |
|------|---------|-------------------|---------|-------|----------------|-------------|-------|
| | | | | | Amount | Explanation | |
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Reimbursement Due

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Rachel Wright Date Submitted 11/7/2024

School/Work Site RTC

| | | | | | |
|----------------------------|----------------|----------------|---------|-------------|---------|
| Name of Meeting/Conference | NTI conference | Departure Time | 1:00 am | Return Time | 1:00 pm |
|----------------------------|----------------|----------------|---------|-------------|---------|

Date(s) of Meeting/Conference 4/21-25/25 Departure Time 6:00 AM Return Time 1:00 pm

Place of Meeting/Conference Tampa Marriott

Rationale for Attendance early childhood - pyramid

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

| Estimated Expenses: | Airfare | Substitute | Other | Total Est. Expenses |
|---------------------|---------|------------|-------|---------------------|
| \$60 daily | | | | |

| Estimated Expenses. | | | | | | | |
|-----------------------|------------------------|------------------------------|----------------------------|-----------------------|-----------------------------|-----------------------|------------------------|
| Registration | Lodging | Meals See policy on back. | Mileage \$0.46 per mile | Airfare | Substitute \$100 per day | Other | Total Est. Expenses |
| \$ 595. ⁰⁰ | \$ 1000. ⁰⁰ | \$ 300. ⁰⁰ | - | \$ 502. ⁰⁰ | - | \$ 250. ⁰⁰ | \$ 2647. ⁰⁰ |

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

Prior Superintendent Approval: *[Signature]* 11/12/20

☒ Approved ☐ Not Approved...  _____ Date 11/12/21

Reason _____ Superintendent Signature _____ Date _____

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

[illegible]

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

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

Rachel Wright

Employee Signature Date

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Supervisor Signature _____ Date _____

Reimbursement Due

Central Office Use:

Coding

CFO Approval