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

Employee N	ame Abic	gail Ph	illips	Date	e Submitted	10/15/24	
School/Worl	k Site FSH	5		-0 C. m.	oot's	^	
Name of Me	eting/Confere	nce Nat	onal Fi		rentio		10: 200m
Date(s) of M	eeting/Confer	ence U	5-40				ne <u>6:309m</u>
Place of Mee	eting/Conferer	nce India	mapolis	conver	ntion	center	
Rationale fo	r Attendance ے	studen	T A-CMI	everne		norking	
Expenses pa	id by: 🗆 SE	BDM DPD [☐ Spec Ed ☐ k	(ETS DOther (MUST Specif	y) perkins	
Estimated Ex	xpenses:						
Registratio	Lodging	g Mea See policy		eage Airfo per mile		ostitute Other	Total Est. Expenses
Principal Sig		/ JL		Grant/	Admin:	Required if Expenses are Pai	d by Grant Funds
	ntendent Appr			1-5	11		122/24
Appro	vedNo	Approved	Sun	erintendent Sign	nature	7.5	Date
Reason			Sup	erintendent sign	natare		
	s section upon r required receip	enarring, Includ		AVEL EXP	ENSE RE	IMBURSEMENT	Γ REQUEST
*** Per Board	Policy 03.125 an	d 03.225: "Out-of	The state of the s			within thirty (30) days of the	
*** Per Board Date	Policy 03.125 an	d 03.225: "Out-of Charge @ \$.46	The state of the s			within thirty (30) days of the Other Expenses Explanation	
*** Per Board	Policy 03.125 an	d 03.225: "Out-of Charge @	-District Travel Rei	mbursements MUS	ST be submitted	Other Expenses	travel return date.***
*** Per Board	Policy 03.125 an	d 03.225: "Out-of Charge @	-District Travel Rei	mbursements MUS	ST be submitted	Other Expenses	travel return date.***
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*** Per Board	Policy 03.125 an	d 03.225: "Out-of Charge @	-District Travel Rei	mbursements MUS	ST be submitted	Other Expenses	travel return date.***
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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

Employee Na	ame SUE	lynn Pri	ater	Dat	e Submitte	ed	424	
	k Site M)		1001					
-	eting/Confer	1,0,	VA Ma	nagers	Ret	reat		
		rence 11/5	-11/7	Depar	ture Time	1:00	Return Ti	me 4:00pm
	eting/Confere	\sim	odlow		Poch	-	- (6 - 5	
Rationale for	r Attendance	Amual		- 0 1-0			nagers	11.0
Expenses pa	id by:	SBDM □ PD	□ Spec Ed □	KETS Other	(MUST Spe	cify)	00d 26V	live
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	258 nature: Satendent App	See policy See policy See policy	con back* \$0.46	Grant/	Admin:	Substitut 6100 per da Requ		Total Est. Expenses 35800 Taid by Grant Funds 11 6 24 Date
		ipts and signatur		AVEL EXP				
original						ted within Other		he travel return date.*** Total
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Submit this form to the Principal and Superintendent for PRIOR APPROVAL. Complete ALL items on top half of form. Attach Meeting Registration Form

	S			11/0/01	
Employee Name Swaht	sichardson	Date Su	ubmitted	11 8 24	
School/Work Site	XI Office	0	, ,	1.1-1.2	
Name of Meeting/Conference		lirain		Part IWO	Illan
Date(s) of Meeting/Conference_				Make Return Time	e <u>4,00pm</u>
Place of Meeting/Conference		ge Stake			•
Rationale for Attendance	ning/updatz			modity pro	1 cm
Expenses paid by: SBDM	□ PD □ Spec Ed □ KETS	S Other (MU	JST Specify)	1009 20 MG	
Estimated Expenses:					
Registration Lodging	Meals See policy on back* Mileag \$0.46 per r	mile	Substi \$100 pe	r day	otal Est. Expenses
Principal Signature:Prior Superintendent Approval: Not Approved		Grant/Adn	R	equired if Expenses are Paid	by Grant Funds
Submit this section upon returnit original required receipts and	3.6.1.4.4.4			MBURSEMENT	
	was a state of the state of the balanche	weenmants MIIST he	submitted wi	thin thirty (30) days of the	August resure data ***
*** Per Board Policy 03.125 and 03.22	THE RESERVE OF THE PERSON NAMED IN	ursements Most be			traver return date.
Date # Miles Char	ge @ Lodging	Meals		ner Expenses Explanation	Total
Date # Miles Char	ge @ Lodging		Oth	ner Expenses	
Date # Miles Char	ge @ Lodging		Oth	ner Expenses	
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Date # Miles \$. Affidavit: I hereby certify that all expe	rge @ Lodging 46 Lodging nses included in the above state	Meals ment were incurred	Oth Amount	ner Expenses	
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Date # Miles Char \$. Affidavit: I hereby certify that all expeemployee of Simpson County Schools charges qualifying for reimbursement	nses included in the above state in the capacity of official busin from the Simpson County Board	ment were incurred	d by an proper that all	Reimbursement Due	
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Affidavit: I hereby certify that all experemployee of Simpson County Schools charges qualifying for reimbursement data furnished here within is true and of	nses included in the above state in the capacity of official busin from the Simpson County Board	ment were incurred less; that they are of Education; and fige.	d by an proper that all	Reimbursement Due	

First Half:

9/5/2024	<u>Cumberland Falls State Park</u>	9:00- 2:00 p.m.	Cumberland Falls State Park Address: 7351 KY-90 Corbin, KY 40701
9/10/2024	General Butler State Park	<u>9:00- 2:00 p.m.</u>	General Butler State Park Address: 1608 Hwy 227 Carrolton Ky, 41008
10/3/2024	Kentucky Dam Village State Park	9:00- 2:00 p.m.	Kentucky Dam Village State Park Address: 166 Upper Village Dr. Gilbertsville, KY 42044
*	π		
- Second Half:			

9:00- 2:00 p.m.

11/7/2024 General Butler State Park 9:00- 2:00 p.m. General Butler State Park

Address: 1608 Hwy 227 Carrolton Ky, 41008

Cumberland Falls State Park

Address: 7351 KY-90 Corbin, KY 40701

11/13/2024 Kentucky Dam Village State Park 9:00- 2:00 p.m. Kentucky Dam Village State Park

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/xfKPcKBHWV?orlgIn=IprLink



10/30/2024

Cumberland Falls State Park

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

SOURPULAR	dsm	nitted 11 4 24	
Employee Name Savak Richard	Date Subn	nitted 1112	
School/Work Site	Manager R	West	
Name of Meeting/Conference	1900	ime Return Time	
Date(s) of Meeting/Conference	Departure II	imeReturn Time	=
Place of Meeting/Conference	boru, Ky		
Rationale for Attendance		or margers	111/2
Expenses paid by:	d KETS Cother (MUST	Specify) 1000000000000000000000000000000000000	14
Estimated Expenses:	·		
Registration Lodging Meals See policy on back* Principal Signature: Prior Superintendent Approval: Approved Not Approved Reason	Mileage So.46 per mile Superintendent Signature	S100 per day WHA MY COAGE Required if Expenses are Paid	
Submit this section upon returning. Include any	TO A VIEL EVDENC	E DEINADI IDCENAENT	RECHEST
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 su	E REIMBURSEMENT bmitted within thirty (30) days of the Other Expenses mount Explanation	
*** Per Board Policy 03.125 and 03.225: "Out-of-District T	ravel Reimbursements MUST be su	bmitted within thirty (30) days of the Other Expenses	travel return date.***
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*** Per Board Policy 03.125 and 03.225: "Out-of-District T	ravel Reimbursements MUST be su ying Meals Ar above statement were incurred by official business; that they are pro- county Board of Education; and that	Other Expenses mount Explanation Reimbursement Due	travel return date.***
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 Codata furnished here within is true and correct to the best of the contract of the	ravel Reimbursements MUST be suring Meals Ar Meals Ar above statement were incurred by official business; that they are profounty Board of Education; and that f my knowledge.	Other Expenses mount Explanation Reimbursement Due per t all Central Office Use:	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District T Date # Miles Charge @ \$.46 Lodg 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."	ravel Reimbursements MUST be su ying Meals Ar above statement were incurred by official business; that they are pro- county Board of Education; and that	Other Expenses mount Explanation Reimbursement Due	travel return date.***

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 - 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 <u>PRIOR APPROVAL</u>. Complete ALL Items on top half of form. Attach Meeting Registration Form

Employee N	lame She	elinas	mith	·Dat	e Submitte	d 11/1/24	
School/Wor	k Site	entra	e Offi	ce		1 1	
Name of Me	eeting/Confer	ence & II)	El.				
Date(s) of M	leeting/Confe	erence Van 2	2-23 20	25_Depar	ture Time	6:00 am Return Tin	ne 4:00 pm
Place of Me	eting/Confere	ence Louisv	nlle, ky				
Rationale fo	or Attendance	KY W	omen in 1	Education (saderh	p	
Expenses pa	aid by: 🔲 :	SBDM □ PD □	Spec Ed K	ETS DOTHER	MUST Spe	cify) 10	
Estimated E	xpenses:						
Registration		See policy o	on back* \$0.46 p	eage Airf per mile -24 Grant/	\$	ubstitute Other 100 per day	Total Est. Expenses
	nature: ntendent App			Grant/	1 Admin. —	Required if Expenses are Pa	id by Grant Funds
		ot Approved		_	4	7.2	11/8/24
			Supe	erintendent Sig	nature	<i>p</i> -	Date
origina	I required rece	returning, include lipts and signature and 03.225: "Out-of-	5. IK			EIMBURSEMENT ted within thirty (30) days of the	
Date	# Miles	Charge @	Lodging	Meals	Amou	Other Expenses	Total
		Charge @ \$.46	V 3. U 15 U		Amou	Other Expenses	Total
Date 9-23 9-24	# Miles	Charge @	V 3. U 15 U	Meals	Amou	Other Expenses	
9-23	122	Charge @ \$.46	V 3. U 15 U	Meals 40.	Amou	Other Expenses	Total 96.12
9-23	122	Charge @ \$.46	V 3. U 15 U	Meals 40.	Amou	Other Expenses	Total 96.12
9-23 9-24	122 122	Charge @ \$.46 56.12 56.12 tall expenses include	Lodging ed in the above st	Meals 40 20	urred by an	Other Expenses	76.12 76.12
9-23 9-24 Affidavit: I he employee of charges quali	122 121 ereby certify that Simpson County fying for reimbu	Charge @ \$.46 56.12 56.12	Lodging ed in the above stracity of official buildingson County Bo	Meals 40 20	urred by an are proper	Other Expenses Explanation	76.12 76.12
9-23 9-24 Affidavit: I he employee of charges quali	t22 t21 t22 treby certify that Simpson County fying for reimbud here within is t	Charge @ \$.46 56.12 56.12 t all expenses include y Schools in the cap rement from the Si	Lodging ed in the above stracity of official buildingson County Bo	Meals 40 20	urred by an are proper	Other Expenses It Explanation Reimbursement Due	76.12 76.12

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

Employee Name	RSWHT	•	Dat	e Submitte	d 114	1/24		
School/Work Site	Lincoln:	Elemen	tan					
Name of Meeting/Con	erence KIN	la man	agers t	erre	at_			
Date(s) of Meeting/Co		-11/7	Depar	ture Time	1:00g	Return	Time <u>4</u>	: Dopm
Place of Meeting/Conf	Λ	wensho	ino, KY					·
Rationale for Attendan	ce Hyrual	1 Conter	the 1	D W	ena	ers	- 11-	
Expenses paid by:	□ SBDM □ PD	□ Spec Ed □	KETS Cother	(MUST Spe	cify)	000 20	1716	<u> </u>
Estimated Expenses:								
Registration Lo			eage Airf per mile		ubstitute 100 per day		Total	Est. Expenses
Principal Signature.	MANNE	hardon	Grant/	Admin:				
Prior Superintendent A	pproval:			1 -	Requi	red if Expenses a	re Paid by G	rant Funds
Approved	Not Approved	·	Ź	18	hl_			11/4/24
Reason		Sup	erintendent Sig	nature				Date
The state of the s	ceipts and signatu	-	AVEL EXP					
*** Per Board Policy 03.12 Date # Miles	5 and 03.225: "Out-o	-			ted within Other E			
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Active to the marte and		O. +	Date	Submitted	11/7/2	024
Employee Name 4	Jackel W.	rugini	Date	Judilitted		
School/Work Site	KIC AL	El Condina	rl			
Name of Meeting/C Date(s) of Meeting/	Conference 4	21-25 25	Depart	ure Time	.:00 Am Return	Time /:00 pm
Date(s) of Meeting/		Tanna Max	riett			
Place of Meeting/Co	interence	al italian	nd sour	anid		
Rationale for Attend	ance <u>larly</u>	Spec Ed □ k	FTS TOther (MUST Specify) RTC	*
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595 00 1/4	000. N 5	30p. = -	502.	<u>ec</u> –	- ZSo. ¹⁰	2647
Principal Signature:	April 11	leis an	Grant/A	dmin:		D. 14 h., Count Funds
Principal Signature.	Approval:	0	1_	-Po	Required if Expenses are	Paid by Grant Funds
V Approved		l	$\langle \rangle$	<u>w</u>		Date
Reason		Sup	erintendent Signa	ature 		
	The second second second					
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*** Per Board Policy 03 Date # Mil	.125 and 03.225: "O	ut-of-District Travel Rei	mbursements MUST	be submitted	within thirty (30) days of other Expenses	the travel return date.***
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*** Per Board Policy 03	.125 and 03.225: "O	ut-of-District Travel Rei	mbursements MUST	be submitted	within thirty (30) days of other Expenses	the travel returndate.***
Date # Mil	es Charge @ \$.46	Lodging	Moursements MUST	be submitted of Amount	within thirty (30) days of other Expenses	Total
*** Per Board Policy 03	es Charge @ \$.46 y that all expenses in ounty Schools in this implurement from the second control of the seco	Lodging Lodging ncluded in the above stree capacity of official but the Simpson County Boats	Meals Meals atement were incurrations; that they are ard of Education; and	Amount red by an re proper d that all	within thirty (30) days of other Expenses Explanation	Total
Affidavit: I hereby certifemployee of Simpson Coharges qualifying for redata furnished here with	es Charge @ \$.46 y that all expenses in ounty Schools in this implurement from the second control of the seco	Lodging Lodging ncluded in the above stree capacity of official but the Simpson County Boats	Meals Meals atement were incurrations; that they are ard of Education; and	Amount red by an re proper d that all	evithin thirty (30) days of Other Expenses Explanation Reimbursement Du	Total
Date # Mil Date # Mil Affidavit: I hereby certifemployee of Simpson C	es Charge @ \$.46 y that all expenses in ounty Schools in this implurement from the second control of the seco	Lodging Lodging ncluded in the above stree capacity of official but the Simpson County Boats	inbursements MUST Weals atement were incurr usiness; that they ar ard of Education; an yledge.	Amount red by an re proper d that all	Reimbursement Duentral Office Use:	Total