SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Hitarii	
Employee Name Amanda Bills	Date Submitted
School/Work Site FS HS	
Name of Mosting/Conference Infinite Consider	Toterchange
Date(s) of Meeting/Conference 12/5 + 12/5 +17/	Departure Time 3 pm Return Time 2 DM
Place of Meeting/Conference Louisville - DMni	fore
Rationale for Attendance Son New Scheduly	module to
Expenses paid by:	Other (MUST Specify)
Estimated Expenses:	
Registration Lodging Meals Mileage See policy on back* \$0.46 per mile	Airfare Substitute Other Total Est. Expenses
\$329 80.00 105.80	- 514.80
	Grant/Admin: Muli Suit
Principal Signature: Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
ApprovedNot Approved	ent Signature Date
ReasonSuperintend	ent signature suit
Submit this section upon returning. Include any original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursem	EXPENSE REIMBURSEMENT REQUEST ents MUST be submitted within thirty (30) days of the travel return date.***
Date # Miles Charge @ Lodging Me	Other Expenses Total
\$.46 \$.46	Amount Explanation
	8
Affidavit: I hereby certify that all expenses included in the above statement	were incurred by an Reimbursement Due
AMMANUT: I NOVANY CEPTITY THAT AIL EXDENSES INCIDINED IN THE ADDRESS GREENEIN	Were incurred by an
amplayed of Simpson County Schools in the capacity of official business; the	nat they are proper
Affidavit: I hereby certify that all expenses included in the above statement employee of Simpson County Schools in the capacity of official business; the charges qualifying for reimbursement from the Simpson County Board of Edidata furnished here within is true and correct to the best of my knowledge.	nat they are proper
employee of Simpson County Schools in the capacity of official business; to charges qualifying for reimbursement from the Simpson County Board of Edidata furnished here within is true and correct to the best of my knowledge.	Central Office Use:
employee of Simpson County Schools in the capacity of official business; to charges qualifying for reimbursement from the Simpson County Board of Edidata furnished here within is true and correct to the best of my knowledge.	ucation; and that all
employee of Simpson County Schools in the capacity of official business; to charges qualifying for reimbursement from the Simpson County Board of Edidata furnished here within is true and correct to the best of my knowledge. Employee Signature Date of the capacity of official business; to charges qualifying for reimbursement from the Simpson County Board of Edidata furnished here within is true and correct to the best of my knowledge.	Central Office Use:

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Amo	inda Bi	Brown	Date	e Submitte	d	11/14/202	4
School/Work SiteFro	anklin Si	mpson	High Sc	<u>haol</u>			
Name of Meeting/Confere	ence IC	Interchar	ge				
Date(s) of Meeting/Confe			Depart	ture Time	3pn	Return Tir	me_ <u>3 'pm</u>
Place of Meeting/Confere			1	<i>w</i>		. 1.7	
Rationale for Attendance	IC (education	+ New Sc	hedulir	ng n	Podules	
Expenses paid by:	BDM PD [☐ Spec Ed ☐ K	ETS	MUST Spe	cify) _ <i>3/</i>	When I JULY	
Estimated Expenses:							
Registration Lodgir	ng Mea See policy				ubstitute 100 per day	Other	Total Est. Expenses
\$329.00	\$8).@		<u></u>	V	SIZE AG	\$535
Principal Signature:	4		Grant/A	Admin:	101	Mysn	ul
Prior Superintendent Appr	/ /		1	11	Require	ed if Expenses are Pa	aid by Grant Funds
ApprovedN	Approved		\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	m			11/4/2
Reason		Supe	erintendent Sign	ature			Date
Submit this section upon original required recei	pts and signature	1 IV	AVEL EXPE	ENSE F	EIMB	URSEMEN	T REQUEST
*** Per Board Policy 03.125 ar	nd 03.225: "Out-of Charge @	A STATE OF THE STA	나 보장 성투 전	T be submit	ted within t Other Ex		F. 11
Per Board Policy 03.125 ar	AND DESCRIPTION OF THE PERSON NAMED IN	-District Travel Rein Lodging	mbursements MUS	T be submit	Other Ex		Total
	Charge @	A STATE OF THE STA	나 보장 성투 전	3 m	Other Ex	penses	F. 11
	Charge @	A STATE OF THE STA	나 보장 성투 전	3 m	Other Ex	penses	F. 11
	Charge @	A STATE OF THE STA	나 보장 성투 전	3 m	Other Ex	penses	F. 11
	Charge @	A STATE OF THE STA	나 보장 성투 전	3 m	Other Ex	penses	F. 11
	Charge @	A STATE OF THE STA	나 보장 성투 전	3 m	Other Ex	penses	F. 11
	Charge @	A STATE OF THE STA	나 보장 성투 전	3 m	Other Ex	penses	F. 11
Date # Miles	Charge @ \$.46	Lodging	Meals	Amour	Other Ex	penses	Total
Date # Miles Affidavit: I hereby certify that a employee of Simpson County	Charge @ \$.46 \$.46	Lodging led in the above sta	Meals atement were incursiness; that they a	Amour	Other Ex	penses Explanation	Total
Date # Miles Affidavit: I hereby certify that	Charge @ \$.46 \$.46 all expenses include Schools in the capement from the Seement from the	Lodging led in the above state of official buildings of county Boardings of county Bo	Meals atement were incursiness; that they are of Education; are	Amour	Other Ex	penses Explanation	Total
Affidavit: I hereby certify that a employee of Simpson County charges qualifying for reimburs data furnished here within is tri	Charge @ \$.46 \$.46 all expenses include Schools in the capement from the Seement from the	Lodging led in the above state of official buildings of county Boardings of county Bo	Meals atement were incursiness; that they are of Education; are	Amour	Other Ex	Explanation mbursement Due	Total
Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimburs	Charge @ \$.46 \$.46 all expenses include Schools in the capement from the Seement from the	Lodging led in the above state of official buildings of county Boardings of county Bo	Meals atement were incursiness; that they are of Education; and of Education; and of Education are reledge.	Amour	Other Exnt	Explanation mbursement Due	Total

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

				1//8	24
Employee Name	Sont 1	lans	Date Submit	ted	29
School/Work Site	F5# 2	· · · · · · · · · · · · · · · · · · ·			
Name of Meeting/Co	nference	1 A Rege	DAZ/ C	1 12 2 Patrice	Time_3:00
Date(s) of Meeting/C	onference/_	21/24	Departure Tim	e 8.00 Return	11me <u>>-00</u>
Place of Meeting/Co	iference	KC EX	20		
Rationale for Attenda	ince 57 vo	lant Ach	incret		
Expenses paid by:	EFSBDM □ PD	☐ Spec Ed ☐ KETS	Other (MUST Sp	pecify)	
Estimated Expenses:					
Registration L		eals Mileage y on back* \$0.46 per mile	Airfare	Substitute Other \$100 per day	Total Est. Expenses
				100	100
Principal Signature: _	1/h		Grant/Admin: _		
Prior Superintendent	A -1		1 -00	Required if Expenses a	re Paid by Grant Funds
	Not Approved		+ She		11/18/201
Reason		Superinte	ndent Signature		Date
Per Board Policy 03. Date # Mile	Charge @		Meals Amo	Other Expenses	of the travel return date.*** Total
	mail least, sea rates		1.		
1		-			
				1	
Affidavit: I hereby certify	that all expenses inclu	ded in the above statemen	nt were incurred by ar	Reimbursement	: Due
employee of Simpson Co	ounty Schools in the ca mbursement from the	ded in the above statement apacity of official business Simpson County Board of the best of my knowledge.	; that they are proper Education; and that al	,	: Due
employee of Simpson Co charges qualifying for rei data furnished here withi	ounty Schools in the ca mbursement from the	apacity of official business Simpson County Board of	; that they are proper Education; and that al	Central Office Use:	: Due
employee of Simpson Co	ounty Schools in the ca mbursement from the	apacity of official business Simpson County Board of	; that they are proper Education; and that al		: Due
employee of Simpson Co charges qualifying for rei data furnished here withi	ounty Schools in the ca mbursement from the n is true and correct to	apacity of official business Simpson County Board of the best of my knowledge.	; that they are proper Education; and that al	Central Office Use:	: Due

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Shall Mann Date Submitte	ed 10 01 2024
School/Work Site	
Name of Meeting/Conference Intinite Campus Training	,
Date(s) of Meeting/Conference Dec 04-06, 2024 Departure Time	3pm_Return Time_3pm_
Place of Meeting/Conference Omni Louisuille	
Rationale for Attendance New Scheduling Modules	
Expenses paid by:	cify) Shylone + SBOA
Estimated Expenses:	
Megistration Loading Means	Substitute Other Total Est. Expenses S100 per day 9 9903 , 18
Principal Signature: Grant/Admin: Prior Superintendent Approval: Approved Not Approved	Required if Expenses are Paid by Grant Funds // /2/ zy
Submit this section upon returning. Include any original required receipts and signatures. TRAVEL EXPENSE F *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submit	REIMBURSEMENT REQUEST ted within thirty (30) days of the travel return date.***
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Charge @	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals Amou	Other Expenses Total
Date # Miles Charge @ Lodging Meals Amou	Other Expenses Total Total
Date # Miles Charge @ Lodging Meals Amou	Other Expenses Int Explanation Reimbursement Due
Date # Miles Charge @ Lodging Meals Amou	Other Expenses Int Explanation Reimbursement Due

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee N	lame Abb	Y Phillip	<u>S</u>	Date	e Submitte	d <u>11/1</u>	8/24	
School/Wor	rk Site	HS.						
Name of Me	eeting/Confe	rence FFA	Regiona	11 Unter	st	0.4.50		Oh:
Date(s) of N	/leeting/Confe	erence 11/21	124	Depar	ture Time _	GAM	Return Tim	ne <u>SPM</u>
		ence WKU						
Rationale fo		<u>Student</u>						
Expenses pa	aid by: 💆	SBDM □ PD	□ Spec Ed □	KETS	MUST Spec	cify)		
Estimated E	xpenses:							
Registratio	on Lodgi			ileage Airfa Sper mile		u bstitute 100 per day	Other -	Total Est. Expenses
						00		100
Puturational Circ	moturo:			Grant/A	Admin:			
Principal Sig Prior Superi	ntendent App	proval.		1 -	20	Required	if Expenses are Pai	d by Grant Funds
	/	et Approved	~	181	hl			11/18/24
Reason			Su	perintendent Sigr	nature			Date
Charles of the Carlotter of the Carlotte								1000
*** Per Board Date	# Miles	ond 03.225: "Out-o Charge @ \$.46	f-District Travel R Lodging	eimbursements MUS Meals	T be submitte Amoun	Other Expe	rty (30) days of the enses Explanation	travel return date.*** Total
		Charge @		10000000000000000000000000000000000000		Other Expe	enses	
		Charge @		10000000000000000000000000000000000000		Other Expe	enses	
		Charge @		10000000000000000000000000000000000000		Other Expe	enses	
		Charge @		10000000000000000000000000000000000000		Other Expe	enses	
		Charge @		10000000000000000000000000000000000000		Other Expe	enses	
		Charge @		10000000000000000000000000000000000000		Other Expe	enses	
		Charge @		10000000000000000000000000000000000000		Other Expe	enses	
Date	# Miles	Charge @ \$.46	Lodging	Meals	Amoun	Other Expe	enses	Total
Date Affidavit: I here	# Miles	Charge @ \$.46 \$.46 all expenses incluses Schools in the care	Lodging ded in the above apacity of official	Meals statement were incubusiness; that they a	Amoun	Other Expe	enses Explanation	Total
Date Affidavit: I her employee of 5 charges qualif	# Miles reby certify that Simpson County ving for reimbur	Charge @ \$.46 \$.46 all expenses incluses Schools in the care	Lodging ded in the above apacity of official Simpson County B	Meals statement were incubusiness; that they aboard of Education; a	Amoun	Other Expe	Explanation Dursement Due	Total
Affidavit: I her employee of S charges qualif data furnished	# Miles reby certify that Simpson County ying for reimbur there within is to	charge @ \$.46 \$.46 all expenses inclused Schools in the carsement from the	Lodging ded in the above apacity of official Simpson County B	statement were incubusiness; that they appeared of Education; a powledge.	Amoun	Reim!	Explanation Dursement Due	Total
Date Affidavit: I her employee of 5 charges qualif	# Miles reby certify that Simpson County ying for reimbur there within is to	charge @ \$.46 \$.46 all expenses inclused Schools in the carsement from the	Lodging ded in the above apacity of official Simpson County B	Meals statement were incubusiness; that they aboard of Education; a	Amoun	Reiml	Explanation Dursement Due	Total
Affidavit: I her employee of S charges qualif data furnished	# Miles reby certify that Simpson County ying for reimbur I here within is to	charge @ \$.46 \$.46 all expenses inclused Schools in the carsement from the	Lodging ded in the above apacity of official Simpson County B	statement were incubusiness; that they appeared of Education; a powledge.	Amoun	Reim!	oursement Due	Total

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

	me <u>rivv</u>	y Scott		Date	e Submitte	d		
		tral office						
		rence Interch	ange			<i>E</i> '20		1:00
Date(s) of Mo	eeting/Conf	erence 13 · 5	****	Depar	ture Time	5.30	Return Time	<u> </u>
		ence Louisy						0
Rationale for	Attendance	. 1c upda	108					
Expenses pai	d by:	SBDM □ PD □	Spec Ed □ k	(ETS DOther (MUST Spe	cify)	V	
Estimated Ex	penses:							
Registratio	n Lodg	See policy on	back* \$0.46	eage Airfa per mile		ubstitute 100 per day	TA CHEST STATE	otal Est. Expenses
		_ \$45.6			-		-	168.28
	red N	proval: lot Approved		Grant// Grant// erintendent Sign	Sh	Bestali	red if Expenses are Paid	1 by Grant Funds 1 18 25 Date
original	required reco	returning, Include eipts and signatures and 03.225: "Out-of-D Charge @	istrict Travel Re	imbursements MU:		ted within	BURSEMENT thirty (30) days of the expenses	
13010	H TANIDS		LOGBINS	Meais				Total
Date	# Miles	\$.46	Lodging	Meals	Amour	nt	Explanation	
Date 195	# Miles		Loaging	H5.00	Amour	nt		168.78
		\$.46	Lodging		Amour	nt		
		\$.46	Lodging		Amour	nt		
		\$.46	Lodging		Amour	nt		
		\$.46	Loaging		Amour	nt		
		\$.46	Loaging		Amour	nt		
		\$.46	Loaging		Amour	nt		
13-5	968	\$.46		₩5.00			Explanation	
Affidavit: I her	aby certify that	\$.46 \$ \(\frac{1}{2} \) 3. \(\frac{1}{2} \) 8 It all expenses include by Schools in the capa	d in the above s	tatement were incousiness; that they	urred by an are proper			
Affidavit: I her employee of Scharges qualifi	eby certify tha	\$.46	d in the above s city of official b	tatement were incousiness; that they pard of Education;	urred by an are proper	Re	Explanation	
Affidavit: I her employee of Scharges qualify data furnished	eby certify that simpson Countying for reimbuthere within is	\$.46 \$ \(\frac{1}{2} \) 3. \(\frac{1}{2} \) 8 It all expenses include by Schools in the capaursement from the Sin	d in the above s city of official b	tatement were incousiness; that they pard of Education; wiedge.	urred by an are proper	Re	imbursement Due	
Affidavit: I her employee of Scharges qualifi	eby certify that simpson Countying for reimbuthere within is	\$.46 \$ \(\frac{1}{2} \) 3. \(\frac{1}{2} \) 8 It all expenses include by Schools in the capaursement from the Sin	d in the above s city of official b	tatement were incousiness; that they pard of Education;	urred by an are proper	Re	imbursement Due	
Affidavit: I her employee of Scharges qualify data furnished	eby certify that simpson Countying for reimbuthere within is	\$.46 \$ \(\frac{1}{2} \) 3. \(\frac{1}{2} \) 8 It all expenses include by Schools in the capaursement from the Sin	d in the above s city of official b	tatement were incousiness; that they pard of Education; wiedge.	urred by an are proper	Re	imbursement Due	