Employee N	ame Ke	1 Bal	ser_	Dat	e Submitte	ed 11-	21-24	
	k Site		~~_					
Name of Me	eting/Confer	ence Ky	DIE					17
Date(s) of M	leeting/Confe	erence Mark			ture Time	e:00	<u>am</u> Return Tim	e <u>4:00pm</u>
Place of Me	eting/Confere	ence LOW	sville	KLY				
Rationale fo		Techn	11 1					
Expenses pa	id by:	SBDM □ PD [	⊐ Spec Ed 🛈 ו	KETS DOTHER (	MUST Spe	cify) 16	λ	
Estimated E	kpenses:							
Registratio	n Lodgi	ng Me: See policy		eage Airfa per mile		<b>Substitute</b> 3100 per day		otal Est. Expenses
235	_	\$12D.	00 \$105	.80				
-						1011	0	
	nature: ntendent App			Grant//	Admin: _/	Requir	ed if Expenses are Paid	l by Grant Funds
		ot Approved		48				
Reason			Sup	erintendent Sigi	nature			Date
*** Per Board Date	# Miles	nd 03.225: "Out-of Charge @ \$.46	-District Travel Rei Lodging	mbursements MUS Meals	T be submit Amou	Other E	thirty (30) days of the cpenses  Explanation	travel return date.***  Total
				ME CHEAT CHEATER				
Affidavit: I hei	reby certify that	all expenses includ	ed in the above st	catement were incu	rred by an	Rei	mbursement Due	
employee of	Simpson County	all expenses include Schools in the caprement from the S	pacity of official be	usiness; that they	are proper	Rei	mbursement Due	
employee of scharges qualif	Simpson County ying for reimbu	all expenses includes Schools in the caprement from the Strue and correct to the structure and correct to the strue and correct to the structure and correct to the	pacity of official be impson County Bo	usiness; that they a eard of Education; a	are proper		mbursement Due Office Use:	
employee of s charges qualif data furnished	Simpson County ying for reimbui I here within is t	Schools in the cap rsement from the S	pacity of official be impson County Bo	usiness; that they a pard of Education; a wledge.	are proper	Central		
employee of scharges qualif	Simpson County ying for reimbui I here within is t	Schools in the cap rsement from the S	pacity of official be impson County Bo	usiness; that they a eard of Education; a	are proper			
employee of s charges qualif data furnished	Simpson County ying for reimbur I here within is to ignature	Schools in the cap rsement from the S	pacity of official be impson County Bo	usiness; that they a pard of Education; a wledge.	are proper	Central	Office Use:	

Employee N	ame Je	remy Ben	Son	Dat	e Submitted	Dec. 18, 200	4
School/Wor	k Site	Simpson	Elementory				
Name of Me	eeting/Confer	ence Kente	rcky Music	Educator	Associa	lion	
Date(s) of N	leeting/Confe	rence $2/5$	- 2/8	Depar	ture Time_	5:00 pm Return Tim	e 3:00 pm
Place of Me	eting/Confere	ence Lovi	ville KY	•			-
Rationale fo	r Attendance	Professo	nal Develo	ment			
Expenses pa	id by: 🗆 S	SBDM PD	□ Spec Ed □ K	ETS DOther (	MUST Spec	ify)	
Estimated E	xpenses:						
Registratio	on Lodgi			eage Airfa per mile		ubstitute Other 1 00 per day	Total Est. Expenses
\$125.0	90	#120	.00 \$126	.04	12	00 \$120.00	691.04
Prior Superion Appro	nature: ntendent App ved No	roval: ot Approved	Sup	Grant/	Admin:	Required if Expenses are Paid	d by Grant Funds  12 / 19 / 24  Date
Date	# Miles	Charge @ \$.46	Lodging	Meals	Amoun	ed within thirty (30) days of the Other Expenses t Explanation	Total
employee of	Simpson County	Schools in the ca	ded in the above st	usiness; that they	are proper	Reimbursement Due	
charges qualif data furnished	ying for reimbur I here within is tr	sement from the rue and correct to	Simpson County Bo the best of my knov	ard of Education; a vledge.	nd that all	Central Office Use:	
Employee S	ignature			Date		Coding	

Employee Name	eah	Clark	Date	Submitted	11/4/24	i 
School/Work Site Li		Eleme				
Name of Meeting/Confer	1 / 1		· ·			
Date(s) of Meeting/Confe			+Departu	ure Time _	3:00 Return	Time <u> </u>
Place of Meeting/Confere	ence Lexi	ngton,			in Gate M	
Rationale for Attendance	distr				lented co	mmittee
Expenses paid by:	SBDM PD	☐ Spec Ed ☐ K	ETS Other (M	/UST Spec	fy)GT	
Estimated Expenses:						
Principal Signature:	See polic 5×2 # 10		eage Airfar per mile Grant/Ac	\$1	bstitute Other 200 per day 200 00  Required Expenses are	Total Est. Expenses
Prior Superintendent Approved N	V	0		-1	0	1/1/25
ReasonN		Sup	erintendent Signa	ature	V	Date
				49.		
Submit this section upon			AVEL EXPE	NSF R	EIMBURSEME	NT REQUEST
original required rece	ipts and signatu and 03.225: "Out-					
*** Per Board Policy 03.125	ond 03.225: "Out-o			be submitte	d within thirty (30) days of Other Expenses	
*** Per Board Policy 03.125	and 03.225: "Out-o	of-District Travel Rei	mbursements MUST		d within thirty (30) days of Other Expenses	the travel return date.***
*** Per Board Policy 03.125	ond 03.225: "Out-o	of-District Travel Rei	mbursements MUST	be submitte	d within thirty (30) days of Other Expenses	the travel return date.***
*** Per Board Policy 03.125	ond 03.225: "Out-o	of-District Travel Rei	mbursements MUST	be submitte	d within thirty (30) days of Other Expenses	the travel return date.***
*** Per Board Policy 03.125	ond 03.225: "Out-o	of-District Travel Rei	mbursements MUST	be submitte	d within thirty (30) days of Other Expenses	the travel return date.***
*** Per Board Policy 03.125	ond 03.225: "Out-o	of-District Travel Rei	mbursements MUST	be submitte	d within thirty (30) days of Other Expenses	the travel return date.***
*** Per Board Policy 03.125	ond 03.225: "Out-o	of-District Travel Rei	mbursements MUST	be submitte	d within thirty (30) days of Other Expenses	the travel return date.***
*** Per Board Policy 03.125	ond 03.225: "Out-o	of-District Travel Rei	mbursements MUST	be submitte	d within thirty (30) days of Other Expenses	the travel return date.***
*** Per Board Policy 03.125	ond 03.225: "Out-o	of-District Travel Rei	mbursements MUST	be submitte	d within thirty (30) days of Other Expenses	the travel return date.***
Date # Miles  Date # Miles  Affidavit: I hereby certify that	Charge @ \$.46	Lodging  Lodging	Meals  Meals  atement were incurrent	Amoun	d within thirty (30) days of Other Expenses	Total
Date # Miles	Charge @ \$.46 \$.46	Lodging  Lodging  Lodging  Lodging  Lodging  Lodging  Lodging	Meals  Meals  atement were incurrusiness; that they are ard of Education; and	Amoun  red by an re proper	d within thirty (30) days of Other Expenses Explanation	Total
Date # Miles  Date # Miles  Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbu	Charge @ \$.46 \$.46	Lodging  Lodging  Lodging  Lodging  Lodging  Lodging  Lodging	Meals  Meals  atement were incurrusiness; that they are ard of Education; and	Amoun  red by an re proper	Reimbursement C	Total
Date # Miles  Date # Miles  Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbu	Charge @ \$.46 \$.46	Lodging  Lodging  Lodging  Lodging  Lodging  Lodging  Lodging	Meals  Meals  atement were incurrusiness; that they are ard of Education; and	Amoun  red by an re proper	Other Expenses Explanation  Reimbursement C	Total

Employee Name	Flizabeth	Cook	Date S	Submitted	12/9/	124	
School/Work Site	FSMS				1 /		
Name of Meeting	g/ConferenceK	MEA Confere	ence				
Date(s) of Meetir	ng/Conference	2/5-8/25	Departu	re Time	15 8AM	_Return Ti	me48 2 pm
Place of Meeting,	1	misville, KY	Galt Hou				,
Rationale for Atte	endance <u>3</u> S	idents are i	n All-Stal	tc of	Profession	nal V	)evelgamert
Expenses paid by	: SBDM 🗆	PD □ Spec Ed □ K	ETS DOther (M	UST Spec	ify)		
Estimated Expens	ses:						
Registration	Lodging	Meals Mile			l <b>bstitute</b> 00 per day	Other	Total Est. Expenses
12500	20000	2000 N/	A N/A	3	000 ==		74500
Duin singl Cignotus		1111	Grant/Ad	lmin:			
Principal Signatur	dent Approval:		GrantyAd	0	Required if Ex	penses are P	aid by Grant Funds
Reason	Not Approve		erintendent Signat	ture			Date
		Supe	- Interluent Signat				
	ion upon returning.		AVEL EVDE	MSF BI	FIMBUR	SEMEN	T REQUEST
Name and Address of the Owner, where the Owner, where		Out-of-District Travel Reir	nbursements MUST t			30) days of th	e travel return date.***
*** Per Board Police		Out-of-District Travel Rein			d within thirty ( Other Expense	30) days of th	
*** Per Board Police	y 03.125 and 03.225: 6	Out-of-District Travel Reir	nbursements MUST t	be submitte	d within thirty ( Other Expense	<b>30) days of th</b>	e travel return date.***
*** Per Board Police	y 03.125 and 03.225: 6	Out-of-District Travel Reir	nbursements MUST t	be submitte	d within thirty ( Other Expense	<b>30) days of th</b>	e travel return date.***
*** Per Board Police	y 03.125 and 03.225: 6	Out-of-District Travel Reir	nbursements MUST t	be submitte	d within thirty ( Other Expense	<b>30) days of th</b>	e travel return date.***
*** Per Board Police	y 03.125 and 03.225: 6	Out-of-District Travel Reir	nbursements MUST t	be submitte	d within thirty ( Other Expense	<b>30) days of th</b>	e travel return date.***
*** Per Board Police	y 03.125 and 03.225: 6	Out-of-District Travel Reir	nbursements MUST t	be submitte	d within thirty ( Other Expense	<b>30) days of th</b>	e travel return date.***
*** Per Board Police	y 03.125 and 03.225: 6	Out-of-District Travel Reir	nbursements MUST t	be submitte	d within thirty ( Other Expense	<b>30) days of th</b>	e travel return date.***
*** Per Board Police	y 03.125 and 03.225: 6	Out-of-District Travel Reir	nbursements MUST t	be submitte	d within thirty ( Other Expense	<b>30) days of th</b>	e travel return date.***
*** Per Board Police	y 03.125 and 03.225: 6	Out-of-District Travel Reir	nbursements MUST t	be submitte	Other Expense	30) days of the sanation	Total
Date #	Miles Charge \$.46	Out-of-District Travel Rein  Lodging  Lodging  s included in the above sta	Meals  Meals  atement were incurre	Amount	Other Expense	<b>30) days of th</b>	Total
Date #  Affidavit: I hereby comployee of Simpsocharges qualifying for	Miles Charge \$.46  Pertify that all expenses on County Schools in or reimbursement from	Out-of-District Travel Rein  Lodging	Meals  Meals  Meals  Attement were incurred siness; that they are aird of Education; and	Amount  ed by an e proper that all	Other Expense	anation	Total
Date #  Affidavit: I hereby comployee of Simpsocharges qualifying for	Miles Charge \$.46  Pertify that all expenses on County Schools in or reimbursement from	Cout-of-District Travel Rein  Lodging  Lodging  s included in the above stathe capacity of official but the Simpson County Board the Simpson Count	Meals  Meals  Meals  Attement were incurred siness; that they are aird of Education; and	Amount  ed by an e proper that all	Other Expense Expl	anation	Total
Date #  Affidavit: I hereby comployee of Simpsocharges qualifying for	Miles Charge \$.46  Wiles \$.46  Charge \$.46  Charge \$.46  Charge \$.46	Cout-of-District Travel Rein  Lodging  Lodging  s included in the above stathe capacity of official but the Simpson County Board the Simpson Count	Meals  Meals  Meals  Attement were incurred siness; that they are aird of Education; and	Amount  ed by an e proper that all	Other Expense Expl	anation	Total
Affidavit: I hereby comployee of Simpsocharges qualifying for data furnished here	Miles Charge \$.46  Wiles \$.46  Charge \$.46  Charge \$.46  Charge \$.46	Cout-of-District Travel Rein  Lodging  Lodging  s included in the above stathe capacity of official but the Simpson County Board the Simpson Count	Meals  Meals  Meals  Attement were incurred siness; that they are aird of Education; and	Amount  ed by an e proper that all	Reimburs  Central Office	anation	Total

Employee Name AD	y Eator	١	Date	Submitted		
School/Work Site FS						
Name of Meeting/Conf	erence AG	E CONT	erence		10.0	3 20-11
Date(s) of Meeting/Cor	ference Felo.	9-11	Depart	ure Time $3$	Return Tim	e Lopm/dil
Place of Meeting/Confe	erence LUN	ngton, k	1 0;01	Griff	in Gate M	const
Rationale for Attendan	ce FAGE	- Distri	CT GIFTE	d and	a loyented	COMMITTEE
Expenses paid by:	SBDM DPD	□ Spec Ed □ K	ETS Øther (N	MUST Specify)	GT	
Estimated Expenses:						
Principal Signature:  Prior Superintendent A  Approved  Reason	See police  pproval:  Not Approved	y on back* \$0.46 p	Grant/A	\$100 p 200 dmin: 67	er day	by Grant Funds Date
Submit this section up			AVEL EXPE	<b>NSE REI</b>	<b>MBURSEMENT</b>	REQUEST
original required re	5 and 03.225: "Out-o	ALCOHOLD STREET		be submitted w	vithin thirty (30) days of the ther Expenses	
original required re	5 and 03.225: "Out-o	of-District Travel Rei	mbursements MUST	be submitted w	vithin thirty (30) days of the	travel return date.***
original required re	5 and 03.225: "Out-o	of-District Travel Rei	mbursements MUST	be submitted w	vithin thirty (30) days of the ther Expenses	travel return date.***
original required re	5 and 03.225: "Out-o	of-District Travel Rei	mbursements MUST	be submitted w	vithin thirty (30) days of the ther Expenses	travel return date.***
original required re	5 and 03.225: "Out-o	of-District Travel Rei	mbursements MUST	be submitted w	vithin thirty (30) days of the ther Expenses	travel return date.***
original required re	5 and 03.225: "Out-o	of-District Travel Rei	mbursements MUST	be submitted w	vithin thirty (30) days of the ther Expenses	travel return date.***
original required re	5 and 03.225: "Out-o	of-District Travel Rei	mbursements MUST	be submitted w	vithin thirty (30) days of the ther Expenses	travel return date.***
original required re	5 and 03.225: "Out-o	of-District Travel Rei	mbursements MUST	be submitted w	vithin thirty (30) days of the ther Expenses	travel return date.***
original required re	5 and 03.225: "Out-o	of-District Travel Rei	mbursements MUST	be submitted w	vithin thirty (30) days of the ther Expenses	travel return date.***
original required re  *** Per Board Policy 03.12  Date # Miles	5 and 03.225: "Out-o	Lodging	Meals	O Amount	vithin thirty (30) days of the ther Expenses	travel return date.***
original required re *** Per Board Policy 03.12  Date # Miles  Affidavit: I hereby certify the employee of Simpson Country 10 to 10	Charge @ \$.46	Lodging  Lodging  Lodging  Lodging	Meals  Meals  tatement were incurusiness; that they a	Amount  Amount  red by an re proper	vithin thirty (30) days of the ther Expenses Explanation	travel return date.***
original required re  *** Per Board Policy 03.12  Date # Miles  Affidavit: I hereby certify the employee of Simpson Coucharges qualifying for reim	Charge @ \$.46  Share all expenses including Schools in the control of the control	Lodging  Lodging  Lodging  Lodging  Lodging  Lodging  Lodging	Meals  Meals  tatement were incurusiness; that they a	Amount  Tred by an re proper and that all	vithin thirty (30) days of the ther Expenses Explanation	travel return date.***
original required re *** Per Board Policy 03.12  Date # Miles  Affidavit: I hereby certify the employee of Simpson Country 10 to 10	Charge @ \$.46  Share all expenses including Schools in the control of the control	Lodging  Lodging  Lodging  Lodging  Lodging  Lodging  Lodging	Meals  Meals  tatement were incurusiness; that they a	Amount  Tred by an re proper and that all	rithin thirty (30) days of the ther Expenses Explanation  Reimbursement Due	travel return date.***
Original required re  *** Per Board Policy 03.12  Date # Miles  Affidavit: I hereby certify themployee of Simpson Coucharges qualifying for reimdata furnished here within	Charge @ \$.46  Share all expenses including Schools in the control of the control	Lodging  Lodging  Lodging  Lodging  Lodging  Lodging  Lodging	Meals  Meals  tatement were incurusiness; that they a	Amount  Tred by an re proper and that all	rithin thirty (30) days of the ther Expenses Explanation  Reimbursement Due	travel return date.***
original required re  *** Per Board Policy 03.12  Date # Miles  Affidavit: I hereby certify the employee of Simpson Coucharges qualifying for reim	Charge @ \$.46  Share all expenses including Schools in the control of the control	Lodging  Lodging  Lodging  Lodging  Lodging  Lodging  Lodging	Meals  Meals  tatement were incurusiness; that they a	Amount  Tred by an re proper and that all	Reimbursement Due	travel return date.***

	lame	nn fishe	۷	Dat	e Submitte	ed	١٠ ٢	
School/Wor	k SiteCC	)						
Name of Me	eeting/Confere	ence KYS1	E					
Date(s) of N	leeting/Confe	rence <u>Marc</u>	n 11-14, a	20⊋5_ <sub>Depai</sub>	ture Time	6:00a	<u> Return Tim</u>	e 4:00pm
Place of Me	eting/Confere	nceLot	usuille,	KY				
Rationale fo	r Attendance	Techno	logy Cor	regice	<u> </u>			
Expenses pa	nid by: 🔲 S	BDM □ PD	□ Spec Ed □	KETS d Other	(MUST Spe	cify) <u>7Q</u>		
Estimated E								
Registratio	on Lodgir			leage Airf		Substitute	Other <sup>1</sup>	Total Est. Expenses
235.9	0			per mile	\$	100 per day		/
<u> </u>		'	100			D.,	Q 1/2	
_	nature: ntendent Appr			Grant/.	Admin:	Required	if Expenses are Paid	d by Grant Funds
/	ved No			1	The			
			Sup	perintendent Sig	nature	3		Date
origina	required recei	returning. Inclu pts and signatu	res. IK					REQUEST
*** Per Board	d Policy 03.125 ar	nd 03.225: "Out-o	f-District Travel Re	imbursements MUS	ST be submit	ted within thi	rty (30) days of the	traval ratiirn data ***
		Charge @			VI VETA	Other Expe		THE RESERVE
Date	# Miles	Charge @ \$.46	Lodging	Meals	Amour	Other Expe		Total
Date			Lodging			Other Expe	enses	THE RESERVE
Date			Lodging			Other Expe	enses	THE RESERVE
Date			Lodging			Other Expe	enses	THE RESERVE
Date			Lodging			Other Expe	enses	THE RESERVE
Date			Lodging			Other Expe	enses	THE RESERVE
Date			Lodging			Other Expe	enses	THE RESERVE
Date			Lodging			Other Expe	enses	THE RESERVE
Date			Lodging			Other Expo	enses Explanation	THE RESERVE
Affidavit: I he	# Miles	\$.46	ded in the above s	Meals	Amour	Other Expo	enses	THE RESERVE
Affidavit: I he employee of charges qualif	# Miles  reby certify that a simpson County bying for reimburs	\$.46  all expenses inclu Schools in the casement from the	ded in the above sopacity of official b	Meals  tatement were incusiness; that they pard of Education; a	Amour	Other Expo	enses Explanation Dursement Due	THE RESERVE
Affidavit: I he employee of charges qualif	# Miles  reby certify that a simpson County bying for reimburs	\$.46  all expenses inclu Schools in the casement from the	ded in the above s	Meals  tatement were incusiness; that they pard of Education; a	Amour	Other Expo	enses Explanation Dursement Due	THE RESERVE
Affidavit: I he employee of charges qualid data furnished	# Miles  reby certify that a Simpson County by for reimburs there within is true.	\$.46  all expenses inclu Schools in the casement from the	ded in the above sopacity of official b	Meals  tatement were incusiness; that they pard of Education; a wledge.	Amour	Reiml Central O	enses Explanation Dursement Due	THE RESERVE
Affidavit: I he employee of charges qualif	# Miles  reby certify that a Simpson County by for reimburs there within is true.	\$.46  all expenses inclu Schools in the casement from the	ded in the above sopacity of official b	Meals  tatement were incusiness; that they pard of Education; a	Amour	Other Expo	enses Explanation Dursement Due	THE RESERVE
Affidavit: I he employee of charges qualid data furnished	# Miles  reby certify that a Simpson County iying for reimburs d here within is truiting the signature	\$.46  all expenses inclu Schools in the casement from the	ded in the above sopacity of official b	Meals  tatement were incusiness; that they pard of Education; a wledge.	Amour	Reiml Central O	enses Explanation  Dursement Due  ffice Use:	THE RESERVE

School/Work Name of Med Date(s) of Med Place of Med Rationale for Expenses pai	eting/Conferenting/Conferenting/Conferenting/Conferenting/Conferenting/Conferenting/Conferenting/Conferenting/Conferenting/Conferenting/Conferenting/Conferenting/Conferenting/Conferenting/Conferenting/Conferenting/Confe	MS (8th rence Dance erence 2.13. ence Orlan	grade Team 25-2.18 do, FL Coach	teacher) Union 25 Depart	(this Natio ure Time_8 Count	1:00 am Return	HS Dance Tea etition Time 11:00 am Hya n CenterRege cam account
Registratio  Registratio  N/A  Principal Sign Prior Superin Approv Reason	N / nature: itendent App	See policy  A N/I  Class  Droval:  ot Approved	9 \$0.4	Grant/A	\$100 A N dmin:	Stitute Other Oper day  N/A  Required if Expenses are	Total Est. Expenses  N / A  e Paid by Grant Funds  1   G   25  Date
	SW R		CONTROL STATE				
original	required rece	returning, Including the sand signature of the sand signature of the sand of t	es.	A TO THE WAY WELL THE TANK THE	r be submitted		Total
original  *** Per Board	required rece Policy 03.125	ipts and signatur and 03.225: "Out-o Charge @	es. f-District Travel R	elmbursements MUS	Γ be submitted	within thirty (30) days o Other Expenses	f the travel return date.***

Employee N	lame $\mathcal{L}^i$	SA PO	1056h	Date	Submitted	/~/	111/04	
School/Wor	k SiteC	TE - 1	545	0 /				
Name of Me	eeting/Confere	nce 1105	A Region	el Confe	lence			
Date(s) of N	deeting/Confe	ence	12-18-24	Depart	ure Time _			ne 3:00 pm
Place of Me	eting/Confere	nce <b>\</b>	4CTC -	Bowling	GRE	een ,	KY	
Rationale fo	or Attendance	Stude	ent Com	petitions	•			
Expenses pa	aid by: 🗆 S	BDM □ PD	□ Spec Ed □	KETS Dother (N	MUST Spec	ify)	CAL mor	wy
Estimated E	xpenses:							
Registratio	on Lodgir	0		leage Airfa per mile		i <b>bstitute</b> 00 per day	Other	Total Est. Expenses
		See por	LLY ON BACK 50.40			100.00		\$ 100-00
5				Grant/A	dmin:			- W 111315-12-13-13-13-13-13-13-13-13-13-13-13-13-13-
Principal Sig Prior Superi	nature: ntendent Appr	oyel:		OraniyA	· /		if Expenses are Pai	d by Grant Funds
	vedN6		•	J8h	l			
Reason	L		Sup	erintendent Sign	ature			Date
	l required recei	ots and signat	ures.	AVEL EXPE				
origina	l required recei	ots and signat	ures.			d within thi	rty (30) days of the	travel return date.***  Total
origina *** Per Board	l required recei d Policy 03.125 ar	ots and signat od 03.225: "Out Charge @	ures. -of-District Travel Re	imbursements MUST	T be submitte	d within thi	rty (30) days of the	travel return date.***
origina *** Per Board	l required recei d Policy 03.125 ar	ots and signat od 03.225: "Out Charge @	ures. -of-District Travel Re	imbursements MUST	T be submitte	d within thi	rty (30) days of the	travel return date.***
origina *** Per Board	l required recei d Policy 03.125 ar	ots and signat od 03.225: "Out Charge @	ures. -of-District Travel Re	imbursements MUST	T be submitte	d within thi	rty (30) days of the	travel return date.***
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origina *** Per Board	l required recei d Policy 03.125 ar	ots and signat od 03.225: "Out Charge @	ures. -of-District Travel Re	imbursements MUST	T be submitte	d within thi	rty (30) days of the	travel return date.***
origina *** Per Board	l required recei d Policy 03.125 ar	ots and signat od 03.225: "Out Charge @	ures. -of-District Travel Re	imbursements MUST	T be submitte	d within thi	rty (30) days of the	travel return date.***
origina *** Per Board Date  Affidavit: I he	# Miles  reby certify that a	charge @ \$.46	Lodging  Lodging  luded in the above s	Meals  Meals  tatement were incur	Amount	Other Expe	rty (30) days of the	Total
Affidavit: I he employee of charges qualit	# Miles  # Simpson County fying for reimburs	charge @ \$.46	Lodging  Lodging  luded in the above s capacity of official be simpson County Bo	Meals  Meals  tatement were incurusiness; that they apard of Education; and	Amount  Amount  red by an re proper	Other Expe	rty (30) days of the enses Explanation oursement Due	Total
Affidavit: I he employee of charges qualit	# Miles  # Simpson County fying for reimburs	charge @ \$.46	Lodging  Lodging  luded in the above s capacity of official by	Meals  Meals  tatement were incurusiness; that they apard of Education; and	Amount  Amount  red by an re proper	Other Expe	rty (30) days of the enses Explanation oursement Due	Total
Affidavit: I he employee of charges qualidata furnished	# Miles  # Miles  reby certify that a Simpson County fying for reimburs dhere within is tree.	charge @ \$.46	Lodging  Lodging  luded in the above s capacity of official be simpson County Bo	Meals  Meals  tatement were incur usiness; that they ar oard of Education; an wledge.	Amount  Amount  red by an re proper	Reimb	rty (30) days of the enses Explanation oursement Due	Total
Affidavit: I he employee of charges qualit	# Miles  # Miles  reby certify that a Simpson County fying for reimburs dhere within is tree.	charge @ \$.46	Lodging  Lodging  luded in the above s capacity of official be simpson County Bo	Meals  Meals  tatement were incurusiness; that they apard of Education; and	Amount  Amount  red by an re proper	Other Expe	rty (30) days of the enses Explanation oursement Due	Total
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Employee Name	15TA Jack	5012	Date	e Submitte	12-le-20	24	
School/Work Site							
Name of Meeting/Conf	erence KYST	E					
Date(s) of Meeting/Cor	ference MAP	CH 11 - 14	Depar	ture Time _	4:00 PM	Return Time	4:00 PM
Place of Meeting/Confe	erence LOUIS	VILLE , KEN	TUCKY	-			
Rationale for Attendance					0		
Expenses paid by:	□SBDM □ PD	□ Spec Ed □ K	ETS Other (	MUST Spec	cify) <u> Q</u>		
<b>Estimated Expenses:</b>							
Registration Loc		eals Mile on back* \$0.46 p			u <b>bstitute (</b> LOO per day	Other To	tal Est. Expenses
235.00 67	17.00 120	00 123	3.28		$\gamma_{\lambda}$	$\frac{1}{2}$	105.28
5			Grant//	Admin:	Sulma	Day (	
Principal Signature: Prior Superintendent A Approved	pproval:	<	Grant/	Admin: 4	Required if Expe	enses are Paid I	by Grant Funds
Reason		Supe	erintendent Sign	nature			Date
Submit this section upo original required re	ceipts and signatur	res,			EIMBURSI		
	100 335 #0-4-	& District Travel Dais		The cubmitt	ad within thirty /30	Asys of the ti	ravel return date ***
*** Per Board Policy 03.12		WE TO 25 TO		T be submitt	ed within thirty (30 Other Expenses	) days of the ti	
Per Board Policy 03.12	5 and 03.225: "Out-o Charge @ \$.46	f-District Travel Rei	nbursements MUS Meals	T be submitt Amoun	Other Expenses		ravel return date.*** Total
	Charge @	WE TO 25 TO			Other Expenses		
	Charge @	WE TO 25 TO			Other Expenses		
	Charge @	WE TO 25 TO			Other Expenses		
	Charge @	WE TO 25 TO			Other Expenses		
	Charge @	WE TO 25 TO			Other Expenses		
CV 20 68 E. J. A.	Charge @	WE TO 25 TO			Other Expenses		
	Charge @	WE TO 25 TO			Other Expenses		
Date # Miles	Charge @ \$.46	Lodging	Meals	Amoun	Other Expenses t Explar	nation	
Date # Miles  Affidavit:   hereby certify th	Charge @ \$.46	Lodging  ded in the above sta	Meals	Amoun	Other Expenses	nation	
Date # Miles	Charge @ \$.46  state all expenses including Schools in the capturement from the	ded in the above stapacity of official bu	Meals  atement were incursiness; that they are of Education; a	Amoun	Other Expenses t Explar	ment Due	
Affidavit: I hereby certify themployee of Simpson Courcharges qualifying for reiml data furnished here within i	Charge @ \$.46  state all expenses including Schools in the capturement from the	ded in the above stapacity of official bu	Meals  atement were incusiness; that they are of Education; a yledge.	Amoun	Reimburse  Central Office U	ment Due	
Affidavit: I hereby certify themployee of Simpson Courcharges qualifying for reiml	Charge @ \$.46  state all expenses including Schools in the capturement from the	ded in the above stapacity of official bu	Meals  atement were incursiness; that they are of Education; a	Amoun	Other Expenses t Explar Reimburse	ment Due	