

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 Kelly Baker Date Submitted 11-21-24
School/Work Site CO
Name of Meeting/Conference KYSTE
Date(s) of Meeting/Conference Mar. 11-14, 2025 Departure Time 6:00am Return Time 4:00pm
Place of Meeting/Conference Louisville, KY
Rationale for Attendance Technology Conference
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) TR

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
\$235.-		\$120.00	\$105.80				

Principal Signature: _____ Grant/Admin: [Signature]
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] 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 Amount	Explanation	Total

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

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Jeremy Benson Date Submitted Dec. 18, 2024
School/Work Site Simpson Elementary
Name of Meeting/Conference Kentucky Music Educator Association
Date(s) of Meeting/Conference 2/5 - 2/8 Departure Time 5:00 pm Return Time 3:00 pm
Place of Meeting/Conference Louisville, KY
Rationale for Attendance Professional Development
Expenses paid by: ☐ SBDM ☒ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
<u>\$125.00</u>		<u>\$120.00</u>	<u>\$126.04</u>		<u>\$200</u>	<u>Parking \$120.00</u>	<u>691.04</u>

Principal Signature: [Signature] Grant/Admin: [Signature]
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 12/19/24

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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 Amount	Explanation	Total

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

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Leah Clark Date Submitted 11/4/24
 School/Work Site Lincoln Elementary
 Name of Meeting/Conference KAGE
 Date(s) of Meeting/Conference 2/10-2/24 Departure Time 3:00 Return Time 6:00
 Place of Meeting/Conference Lexington, KY Griffin Gate Marriott
 Rationale for Attendance district Gifted and Talented Committee
 Expenses paid by: ☐ SBDM ☒ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) GT

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
\$290.00	\$155x2 310.00	\$100.00			\$200.00		\$900

Principal Signature: Joyce Paus Grant/Admin: GT Shirley Smith
 Prior Superintendent Approval: J She Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature _____ Date 11/6/25

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	

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.

Employee Signature Leah Clark Date 11/4/24
 Supervisor Signature Joyce Paus Date 11/8/2024

Reimbursement Due

Central Office Use:

Coding

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Elizabeth Cook Date Submitted 12/9/24
School/Work Site FSMS
Name of Meeting/Conference KMEA Conference
Date(s) of Meeting/Conference 2/5-8/25 Departure Time 2/5 8AM Return Time 2/8 2pm
Place of Meeting/Conference Louisville, KY Galt House & Convention Center
Rationale for Attendance 3 students are in All-State & Professional Development
Expenses paid by: ☒ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
125 ⁰⁰	200 ⁰⁰	120 ⁰⁰	N/A	N/A	300 ⁰⁰		745 ⁰⁰

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

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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	

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 Elizabeth Cook Date 12/9/24

Supervisor Signature _____ Date _____

Central Office Use:

Coding

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Abby Eaton Date Submitted _____
School/Work Site FSHS
Name of Meeting/Conference KAGE conference
Date(s) of Meeting/Conference Feb. 9-11 Departure Time 3pm/2-9 Return Time 6pm/2-11
Place of Meeting/Conference Lexington, KY — Griffin Gate Marriott
Rationale for Attendance KAGE → District Gifted and Talented committee
Expenses paid by: ☐ SBDM ☒ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) GT

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
<u>290</u>	<u>155 x 2</u> <u>310</u>	<u>\$100</u>			<u>200</u>		<u>\$900</u>

Principal Signature: _____ Grant/Admin: GT Paul Smith
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature J Shl Date 1/6/25

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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 Amount Explanation	Total

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.

Abby Eaton 12/20/24
Employee Signature Date

Supervisor Signature _____ Date _____

Reimbursement Due

Central Office Use:

Coding

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Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name LeAnn Fisher Date Submitted 11-21-24
 School/Work Site CO
 Name of Meeting/Conference KYSTE
 Date(s) of Meeting/Conference March 11-14, 2025 Departure Time 6:00am Return Time 4:00pm
 Place of Meeting/Conference Louisville, Ky
 Rationale for Attendance Technology Conference
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) TQ

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
<u>235.00</u>		<u>120.00</u>	<u>105.80</u>				

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

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TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lauren Hall Date Submitted 1.8.25
 School/Work Site FSMS (8th grade teacher) (this is for FSHS Dance Team)
 Name of Meeting/Conference Dance Team Union National Competition
 Date(s) of Meeting/Conference 2.13.25 - 2.18.25 Departure Time 8:00 am Return Time 11:00 am
 Place of Meeting/Conference Orlando, FL orange County Convention Center ^{Hyatt Regency}
 Rationale for Attendance head coach
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) dance team account

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Principal Signature: [Signature] Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 1/9/25

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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

Lauren Hall 1.8.25
 Employee Signature Date

Supervisor Signature _____ Date _____

Central Office Use:

Coding

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name LISA Hopson Date Submitted 12/11/24
 School/Work Site CTE - ESLs
 Name of Meeting/Conference HOSA Regional Conference
 Date(s) of Meeting/Conference 12-18-24 Departure Time 8:00 AM Return Time 3:00 pm
 Place of Meeting/Conference SKY CTC - Bowling Green, KY
 Rationale for Attendance Student Competitions
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) LOCAL money

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
—	—	—	—	—	\$100.00	—	\$100.00

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

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Reimbursement Due

Employee Signature Lisa C. Hopson Date 12-12-24

Supervisor Signature _____ Date _____

Central Office Use:

Coding

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name KRISTA JACKSON Date Submitted 12-6-2024
School/Work Site CENTRAL OFFICE
Name of Meeting/Conference KYSTE
Date(s) of Meeting/Conference MARCH 11 - 14 Departure Time 4:00 PM Return Time 4:00 PM
Place of Meeting/Conference LOUISVILLE, KENTUCKY
Rationale for Attendance TECH CONFERENCE
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) TQ

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
235.00	627.00	120.00	¹¹⁰⁸ 123.28				1105.28

Principal Signature: _____ Grant/Admin: [Signature]
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
____ Approved ____ Not Approved...
Reason _____ Superintendent Signature _____ Date _____

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TRAVEL EXPENSE REIMBURSEMENT REQUEST

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					Amount	Explanation	

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Reimbursement Due

Employee Signature _____ Date _____
Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval