Employee Name <u>Amber</u>		ZL 2L	Date	Submitted _	12-13-24	
School/Work SiteFSM)	No decide				
Name of Meeting/Confere				_, &,	OOAM Return Time	10.WW
Date(s) of Meeting/Confer	ence <u>Feb. 5-</u>	- teb. 8	Depart	ure Time <u>0 ·</u>	Return Time	e
Place of Meeting/Conferen				25.1 (16) 4		
Rationale for Attendance _	Professiona	11 Developme	nt and s	student	<u>Vertormance</u>	
Expenses paid by:	BDM KOPD [Spec Ed KE	TS Other (I	MUST Specify)	
Estimated Expenses:						
Registration Lodging	See policy	on back* \$0.46 pe			per day	Total Est. Expenses
Principal Signature:(Prior Superintendent Appro Approved Not		h	Grant/A	odmin: <u>J</u>	Required if Expenses are Paid	d by Grant Funds
Reason		 Supe	rintendent Sign	ature		Date
original required receip						REQUEST
Per Board Policy 03.125 and Date # Miles				T be submitted v		
*** Per Board Policy 03.125 and	d 03.225: "Out-of Charge @	-District Travel Reim	bursements MUS	T be submitted t	vithin thirty (30) days of the ther Expenses	travel return date.***
*** Per Board Policy 03.125 and	d 03.225: "Out-of Charge @	-District Travel Reim	bursements MUS	T be submitted t	ther Expenses Explanation	travel return date.***
*** Per Board Policy 03.125 and	Charge @ \$.46 \$ expenses include Schools in the capement from the S	Lodging Lodging ed in the above state ocity of official bus impson County Boar	Meals Meals Meals mement were incuriness; that they are of Education; are	Amount The submitted of the submitted o	vithin thirty (30) days of the ther Expenses	travel return date.***
Date # Miles Date # Miles Affidavit: I hereby certify that a employee of Simpson County Scharges qualifying for reimbursor	Charge @ \$.46 \$ expenses include Schools in the capement from the S	Lodging Lodging ed in the above state ocity of official bus impson County Boar	Meals Meals Meals mement were incuriness; that they are of Education; are	Amount Tred by an are proper and that all	ther Expenses Explanation Reimbursement Due	travel return date.***

Employee Name	pert McDou	gal	Dat	e Submitte	ed	9/24	
School/Work SiteF5	MS						
Name of Meeting/Confer	rence William	msburg Va.	Trip				
Date(s) of Meeting/Confe	erence <u>12/11</u> -	12/15	Depar	ture Time	6:00 mm	Return Ti	me <u>6:00 pm</u>
Place of Meeting/Confere	ence <u>Willia</u>	msburg, V.	a				
Rationale for Attendance							
Expenses paid by:	SBDM □ PD □	□ Spec Ed □ K	ETS X Other (MUST Spe	ecify)		
Estimated Expenses:							
Registration Lodgi	ing Mea		eage Airfa er mile		Substitute \$100 per day	Other	Total Est. Expenses
Ø Ø	Ø ø	1 2	SS		Ø	Ø	Ø
Principal Signature:	(Junia	<i>u</i> –	Grant/	Admin:			
Prior Superintendent App	1101			~/ ·		d if Expenses are P	aid by Grant Funds
Approved No			1/8	hl			•
Reason		Supe	erintendent Sign	nature			Date
Date # Miles	charge @ \$.46	Lodging	mbursements MUS Meals	Amou	Other Exp		ne travel return date.*** Total
BUSINESS OF THE STATE OF	Charge @	Des know V	5 (Ja) L		Other Exp	enses	
BUSINESS OF THE STATE OF	Charge @	Des know V	5 (Ja) L		Other Exp	enses	
BUSINESS OF THE STATE OF	Charge @	Des know V	5 (Ja) L		Other Exp	enses	
BUSINESS OF THE STATE OF	Charge @	Des know V	5 (Ja) L		Other Exp	enses	
BUSINESS OF THE STATE OF	Charge @	Des know V	5 (Ja) L		Other Exp	enses	
BUSINESS OF THE STATE OF	Charge @	Des know V	5 (Ja) L		Other Exp	enses	
Date # Miles Affidavit: I hereby certify that employee of Simpson County	Charge @ \$.46 sall expenses include Schools in the cap	Lodging Lodging led in the above state of official but	Meals A atement were incursiness; that they a	Amou	Other Exp	enses	Total
Date # Miles Affidavit: I hereby certify that	Charge @ \$.46 stall expenses include Schools in the capersement from the S	Lodging led in the above state of official but impson County Boatingson County Boat	Meals Attement were incursiness; that they ard of Education; and	Amoul	Other Exp	enses Explanation	Total
Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbur	Charge @ \$.46 stall expenses include Schools in the capersement from the S	Lodging led in the above state of official but impson County Boatingson County Boat	Meals A atement were incursiness; that they are of Education; a	Amoul	Other Exp	Explanation bursement Duck	Total
Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbur data furnished here within is t	Charge @ \$.46 stall expenses include Schools in the capersement from the S	Lodging led in the above state of official but impson County Boatingson County Boat	Meals A A A A A A A A A A A A A	Amoul	Reim Central C	Explanation bursement Duck	Total

Submit this form to the Principal and Superintendent for PRIOR APPROVAL. Complete ALL items on top half of form.

6010 has as h	
Employee Name Mulu Mutash Date Submitted 12/20/24	
School/Work Site Central Office	
Name of Meeting/Conference KASA applicate Meeting	,—
Date(s) of Meeting/Conference $\frac{12}{17/24}$ Departure Time $\frac{6.00}{1200}$ Return Time $\frac{3.00}{1200}$	ON
Place of Meeting/Conference Industry KY	
Rationale for Attendance District Representative SKASHRMS	
Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify)	
Estimated Expenses:	
Registration Lodging Meals See policy on back* See policy on back* So.46 per mile \$100 per day Principal Signature: Prior Superintendent Approval: Approved Not Approved Reason Superintendent Signature Substitute \$100 per day Airfare Substitute \$100	J.
Submit this section upon returning. Include any original required receipts and signatures. TRAVEL EXPENSE REIMBURSEMENT REQUESTION OF TRAVEL EXPENSE REIMBURSEMENT REQUESTION.	ST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return da	te.***
Date # Miles Charge @ Lodging Meals Other Expenses Total	
12/16/24 165 75,90 153.86 Dinner	
12/17/24 150 69.00	
Affidavit: I hereby certify that all expenses included in the above statement were incurred by an Reimbursement Due	
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. Central Office Use:	
Employee Signature Date Coding	
Employee-Signature Date Coding	



Dear CHRISTJAN MCINTOSH,

We have received your request for an itemized receipt and have included the rate details below.

Booking information:

Trip Id : J7MF5XRDV

Booking date : 10 Dec 2024

Lead Guest Name : Milli McIntosh

Hotel Confirmation Number : 375385724

Hotel Name Hampton Inn Frankfort

Hotel Address 1310 U.S. 127 South, Frankfort, KY, 40601

Check-in Date : 16 Dec 2024
Check-out Date : 17 Dec 2024
Nights of Stay : 1 Night

Date	Description	Charges
16-Dec-24	Room, 1 King Bed, Non Smoking	\$ 153.86
16-Dec-24	Taxes	\$ 20.65
Total Charges		\$ 174.51

Rate breakdown		
Base Rate	:	\$ 153.86
Taxes	:	\$ 20.65
Total amount paid	200	\$ 174.51
Form of Payment		
Total Points Redeemed	:	
Total Cash Paid	:	\$ 174.51
Credit card used	:	VI 5771

^{*}Incidentals charged by hotel are not included

Thank you again for being a valued Chase card member. We look forward to delivering the exceptional service you expect from Chase Travel in the future.

For additional assistance, please call us anytime at 1-866-406-1217 and we will be happy to assist you.

Sincerely,

Noel.

Chase Travel Customer Service Team

Si tiene alguna pregunta o necesita ayuda para traducirla, comuníquese con nosotros llamando al 1-866-406-1217.

Email Security Information

Email intended for the recipient noted above only.

If you have concerns about the authenticity of this message, please visit travel.chase.com/service/ for options on how to contact us.

About This Message

This service message was sent to you as a Chase customer to provide you with account updates and information about your Chase relationship. Please do not reply to this email, as it cannot be answered from this address. If you need travel assistance, please call us at 866-406-1217.

©2025 J.P. Morgan Chase & Co.
Contact Us
Chase Privacy Operations
PO Box 734007
Dallas, Texas 75373-4007
Privacy - https://www.chase.com/digital/resources/privacy-security

the desired physical todicition of the state of the state

. Achterial	lavito din di del	ALTON A FEBRUARY				. / //	
Employee N	ame April	McNauo	Auton	Date	e Submitted	1/6/202	5
- 1 1/10/	L Cita 2	CP		. 0		11	
Name of Me	eting/Confere	ence RTC	25-26 Con	tract Pri	eposal w	ock <u>Aessia</u> Return Ti	1 '00
Date(s) of M	leeting/Confe	rence Feb	4.6 '25	Depart	ture Time <u>600</u>	Return II	me
Place of Mei	eting/Confere	nce K	DE			1	4
Rationale fo	r Attendance	work	session	for 25-26	Coxtrac	t peoposa	
Expenses pa		BDM 🗆 PD	☐ Spec Ed ☐	KETS Other (MUST Specify) _		
Estimated Ex	xpenses:				re Substit	ute Other	Total Est. Expenses
Registratio	on Lodgin			leage Airfa per mile	fe Substit \$100 per	the state of the s	
	260.	70 8C	0.∞				340.50
				Grant/A	.dmin:		
	nature: ntendent Appr				CPO Re	quired if Expenses are P	aid by Grant Funds
	ved No				Tohl		1/29/25
			Sur	erintendent Sign	ature		Date
Reason							
			Springly		NICE DEIN	ADUDCEMEN	T DECLIEST
The street of the	erioni (ele)	ien alles a de	ote may TR	AVEL EXPE	NSE REIM	1BURSEMEN	T REQUEST
The street of the	erioni (ele)	returning frishs Lis and Signatu Id 03.225: "Out-o	of-District Travel Re	imbursements MUS	T be submitted wit	ABURSEMEN hin thirty (30) days of the	e travel return date.**
The street of the	erioni (ele)	ien alles a de	TR of-District Travel Re Lodging	AVEL EXPE	T be submitted wit	hin thirty (30) days of th	T REQUEST se travel return date.***
ក្សាក្រាម ម៉ា ម្យាទ្ធព្រះ *** Per Board	Capting the section of the section o	naturalng, fris (constant) ols and Agricul od 03,225: "Out-o Charge @	of-District Travel Re	imbursements MUS	T be submitted with	hin thirty (30) days of th er Expenses	e travel return date.**
ក្សាក្រាម ម៉ា ម្យាទ្ធព្រះ *** Per Board	Capting the section of the section o	naturalng, fris (constant) ols and Agricul od 03,225: "Out-o Charge @	of-District Travel Re	imbursements MUS	T be submitted with	hin thirty (30) days of th er Expenses	e travel return date.**
ក្សាក្រាម ម៉ា ម្យាទ្ធព្រះ *** Per Board	Capting the section of the section o	naturalng, fris (constant) ols and Agricul od 03,225: "Out-o Charge @	of-District Travel Re	imbursements MUS	T be submitted with	hin thirty (30) days of th er Expenses	e travel return date.**
ក្សាក្រាម ម៉ា ម្យាទ្ធព្រះ *** Per Board	Capting the section of the section o	naturalng, fris (constant) ols and Agricul od 03,225: "Out-o Charge @	of-District Travel Re	imbursements MUS	T be submitted with	hin thirty (30) days of th er Expenses	e travel return date.**
ក្សាក្រាម ម៉ា ម្យាទ្ធព្រះ *** Per Board	Capting the section of the section o	naturalng, fris (constant) ols and Agaratu od 03,225: "Out-o Charge @	of-District Travel Re	imbursements MUS	T be submitted with	hin thirty (30) days of th er Expenses	e travel return date.**
ក្សាក្រាម ម៉ា ម្យាទ្ធព្រះ *** Per Board	Capping to the local policy 03.125 and	naturalng, fris (constant) ols and Agaratu od 03,225: "Out-o Charge @	of-District Travel Re	imbursements MUS	T be submitted with	hin thirty (30) days of th er Expenses	e travel return date.**
ក្សាក្រាម ម៉ា ម្យាទ្ធព្រះ *** Per Board	Capping to the local policy 03.125 and	naturalng, fris (constant) ols and Agaratu od 03,225: "Out-o Charge @	of-District Travel Re	imbursements MUS	T be submitted with	hin thirty (30) days of th er Expenses	e travel return date.**
*** Per Board Date	# Miles	te unding. To let out and on a legislature of the l	Lodging	Meals MUS	T be submitted with Other Amount	hin thirty (30) days of the er Expenses Explanation	Total
*** Per Board Date Affidavit: I her	# Miles reby certify that a	charge @ \$.46	Lodging Lodging Ided in the above sometime of official hards	Meals Meals tatement were incur	T be submitted with Other Amount Tred by an are proper	hin thirty (30) days of th er Expenses	Total
Per Board Date Affidavit: I her employee of S	# Miles beby certify that a sample of the s	charge @ \$.46 all expenses included and the company from	Lodging Lodging Ided in the above sapacity of official be Simpson County Be	Meals Meals tatement were incur	The submitted with Other Amount Tred by an are proper and that all	hin thirty (30) days of the er Expenses Explanation	Total
Per Board Date Affidavit: I her employee of S	# Miles beby certify that a sample of the s	charge @ \$.46 all expenses included and the company from	Lodging Lodging Ided in the above sometime of official hards	tatement were incur incursiness; that they a pard of Education; and wledge.	The submitted with Other Amount Tred by an are proper and that all Cent	hin thirty (30) days of the er Expenses Explanation Reimbursement Due	Total
Affidavit: I her employee of Scharges qualify data furnished	# Miles # Simpson County ying for reimburs there within is true	charge @ \$.46 all expenses included and the company from	Lodging Lodging Ided in the above sapacity of official be Simpson County Be	Meals Meals tatement were incur ousiness; that they a pard of Education; an wledge.	The submitted with Other Amount Tred by an are proper and that all Cent	hin thirty (30) days of the Expenses Explanation Reimbursement Due tral Office Use:	Total
Per Board Date Affidavit: I her employee of S	# Miles # Simpson County ying for reimburs there within is true	charge @ \$.46 all expenses included and the company from	Lodging Lodging Ided in the above sapacity of official be Simpson County Be	tatement were incur incursiness; that they a pard of Education; and wledge.	The submitted with Other Amount Tred by an are proper and that all Cent	hin thirty (30) days of the Expenses Explanation Reimbursement Due tral Office Use:	Total
Affidavit: I her employee of Scharges qualify data furnished	# Miles # Or reimburs here within is true ignature	charge @ \$.46 all expenses included and the company from	Lodging Lodging Ided in the above sapacity of official be Simpson County Be	Meals Meals tatement were incur ousiness; that they a pard of Education; an wledge.	red by an re proper and that all	hin thirty (30) days of the Expenses Explanation Reimbursement Due tral Office Use:	Total

Employee Name Bet	nouny Sc	nalk	Date	Submitte	1/07/2025	
School/Work Site FSN	15				- 15 ·	
Name of Mosting/Confe	ranca NOM AC	Teache	er Work	Shop		
Date(s) of Meeting/Conf	ference 1/24	125-1/25	Depart	ure Time 📗	2:00 PM-1/24 Return	Time <u>2:00PM-1/2</u>
Place of Meeting/Confe	rence <u>RUCK Ca</u>	stle Cor	unty HIC	in Sci	hool	
Rationale for Attendance	ePD Provid	oled by	Stute CI	E Stut	T. WOLKShops	by tenure te
Expenses paid by:	SBDM PD C	Spec Ed 🗆 K	ETS Other (MUST Spec	cify)	
Estimated Expenses:						
Principal Signature: Prior Superintendent Ap Approved N Reason	See policy of the provat:	on back* \$0.46 p	per mile	Admin:	Required if Expenses are	e Paid by Grant Funds Date
original required rec	eipts and signature		3 5 3 7		EIMBURSEME	
*** Per Board Policy 03.125 Date # Miles	eipts and signature and 03.225: "Out-of- Charge @ \$.46		3 5 3 7		ed within thirty (30) days o Other Expenses	
*** Per Board Policy 03.125	and 03.225: "Out-of- Charge @	District Travel Rei	mbursements MUS	T be submitt	ed within thirty (30) days o Other Expenses	f the travel return date.***
*** Per Board Policy 03.125	and 03.225: "Out-of- Charge @	District Travel Rei	mbursements MUS	T be submitt	ed within thirty (30) days o Other Expenses	f the travel return date.***
*** Per Board Policy 03.125	and 03.225: "Out-of- Charge @	District Travel Rei	mbursements MUS Meals	T be submitt	ed within thirty (30) days o Other Expenses	f the travel return date.***
*** Per Board Policy 03.125	and 03.225: "Out-of- Charge @	District Travel Rei	mbursements MUS Meals	T be submitt	ed within thirty (30) days o Other Expenses	f the travel return date.***
*** Per Board Policy 03.125	and 03.225: "Out-of- Charge @	District Travel Rei	Meals Meals	T be submitt	ed within thirty (30) days o Other Expenses	f the travel return date.***
*** Per Board Policy 03.125	and 03.225: "Out-of- Charge @	District Travel Rei	Meals Meals	T be submitt	ed within thirty (30) days o Other Expenses	f the travel return date.***
*** Per Board Policy 03.125 Date # Miles	and 03.225: "Out-of- Charge @ \$.46	District Travel Rei	Meals Meals	Amoun	ed within thirty (30) days o Other Expenses t Explanation	f the travel return date.*** Total
*** Per Board Policy 03.125	charge @ \$.46 st all expenses includity Schools in the capursement from the Si	Lodging Lodging ed in the above stracity of official buildings on County Books	Meals Meals Meals atement were incursiness; that they are ard of Education; are	Amoun Amoun rred by an are proper	ed within thirty (30) days o Other Expenses	f the travel return date.*** Total
Date # Miles Date # Miles Affidavit: I hereby certify the employee of Simpson Count charges qualifying for reimbo	charge @ \$.46 st all expenses includity Schools in the capursement from the Si	Lodging Lodging ed in the above stracity of official buildings on County Books	Meals Meals Meals atement were incursiness; that they are ard of Education; are	Amoun Amoun rred by an are proper	Other Expenses t Explanation Reimbursement	f the travel return date.*** Total

Employee Name	eluna Sano	4	Date	e Submitte	ed //-	21-24	
School/Work Site)						
Name of Meeting/Confere	nco KYST	F.					
Date(s) of Meeting/Confer	ence 3-11,14	t-2025	Depar	ture Time	6:00ar	<u>ル</u> Return Tim	e 4:00pm
Place of Meeting/Conferen		50					<i>'</i> .
Rationale for Attendance	Tednolog	ry Confe	rence		- 12		
Expenses paid by:	BDM □ PD □	Spec Ed	TS Other (MUST Spe	cify) TQ		
Estimated Expenses:					•		
Registration Lodgin	g Meals See policy on				Substitute 3100 per day	Other	Total Est. Expenses
235,-	120.						
D. i.			Grant/A	\ alma im a	Va.	. 8	1
Principal Signature: Prior Superintendent Appr	oval:		Grant/F		Required	if Expenses are Pale	d by Grant Funds
Approved No			15	M			
Reason		Supe	rintendent Sign	ature			Date
Submit this section upon r original required receip *** Per Board Policy 03.125 an	ots and signatures.	I KA					REQUEST travel return date.***
Date # Miles	Charge @	Lodging	Meals		Other Expe	nses	Total
	\$.46	33		Amour	nt E	xplanation	
					_	72	
Affidavit: I hereby certify that a	Il expenses included	in the above stat	tement were incui	rred by an	Reimb	ursement Due	
Affidavit: I hereby certify that a employee of Simpson County Scharges qualifying for reimburs	Schools in the capac	ity of official bus	iness; that they a	re proper	Reimb	ursement Due	
employee of Simpson County S	Schools in the capac ement from the Sim	ity of official bus pson County Boar	siness; that they a rd of Education; a	re proper	Reimb		
employee of Simpson County S charges qualifying for reimburs	Schools in the capac ement from the Sim	ity of official bus pson County Boar	siness; that they a rd of Education; a	re proper	Central Of		
employee of Simpson County S charges qualifying for reimburs	Schools in the capac ement from the Sim	ity of official bus pson County Boar	siness; that they a rd of Education; a	re proper			
employee of Simpson County S charges qualifying for reimburs data furnished here within is tru	Schools in the capac ement from the Sim	ity of official bus pson County Boar	siness; that they a rd of Education; a edge.	re proper	Central Of	fice Use:	

Employee Name Lori Stev	eກຣDate Submitt	ed
School/Work Site		
Name of Meeting/Conference AS	D Codre	
Date(s) of Meeting/Conference	n. 14 2025 Departure Time	Return Time 3:30
Place of Meeting/Conference Ca KR	EC 230 Technology W	Day, Bowling Green, Ky
Rationale for Attendance ASD Co		
Expenses paid by:	Spec Ed	ecify)
Estimated Expenses:		
Principal Signature: Prior Superintendent Approval:	Mileage Airfare So.46 per mile A3.92 Grant/Admin	Substitute Other Total Est. Expenses \$100 per day Kelly Barry Required ff Expenses are Paid by Grant Funds
Approved Not Approved		Date
Reason	Superintendent Signature	Date
Submit this section upon returning. Incl original required receipts and signatu		REIMBURSEMENT REQUEST
		tted within thirty (30) days of the travel return date.*** Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-	of-District Travel Reimbursements MUST be submi	other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-	of-District Travel Reimbursements MUST be submi	other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-	of-District Travel Reimbursements MUST be submi	other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-	of-District Travel Reimbursements MUST be submi	other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-	of-District Travel Reimbursements MUST be submi	other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-	of-District Travel Reimbursements MUST be submi	other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-	of-District Travel Reimbursements MUST be submi	other Expenses Total
Pare # Miles Charge @ \$.46 Date # Miles \$.46 Affidavit: I hereby certify that all expenses inclemployee of Simpson County Schools in the employee of Simps	Lodging Meals Amou	other Expenses Total
Pare # Miles Charge @ \$.46 Date # Miles \$.46 Affidavit: I hereby certify that all expenses inclemployee of Simpson County Schools in the employee of Simps	Lodging Meals Amou	Other Expenses Int Explanation Total
Date # Miles Charge @ \$.46 Charge @ \$.46 Affidavit: I hereby certify that all expenses inclemployee of Simpson County Schools in the charges qualifying for reimbursement from the	Lodging Meals Amou	Other Expenses Int Explanation Reimbursement Due

Employee Name Kim Whithen	Date Submitted	12 9 24
School/Work Site EDGE		
Name of Meeting/Conference KAGE	Gifted Confere	nce
Date(s) of Meeting/Conference Fcb 10-	Departure Time _	3: DDpmReturn Time 6:00pm
Place of Meeting/Conference Griffin	GATE / Lexington	Ky
Rationale for Attendance GT Coord	inator Strategic	s to Implement
Expenses paid by: SBDM MPD Spe	c Ed	fy) <u>G</u> T
Estimated Expenses:		
Registration Lodging Meals See policy on back 290 \$\frac{155}{310}\$ Principal Signature:	Time age	bstitute Other Total Est. Expenses Oper day Grant Mulu Mulh
Prior Superintendent Approval:	1-00	Required if Expenses are Paid by Grant Funds
Approved Not Approved	She	1/6/25
Reason	Superintendent Signature	/ bate
original required receipts and signatures.	* * * * * * * * * * * * * * * * * * *	EIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-Distri	t Travel Reimbursements MUST be submitte	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-Distri	deine Meals	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-Distri	deine Meals	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-Distri	deine Meals	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-Distri	deine Meals	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-Distri	deine Meals	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-Distri	deine Meals	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-Distri	deine Meals	Other Expenses Total
**** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ \$.46 Lo	odging Meals Amount	Other Expenses Explanation Total
Pate # Miles Charge @ \$.46 Lo Whiles Charge @ \$.46 Lo Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson	the above statement were incurred by an of official business; that they are proper in County Board of Education; and that all	Other Expenses Total
Pate # Miles Charge @ \$.46 Log \$.46 Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpso data furnished here within is true and correct to the best	the above statement were incurred by an of official business; that they are proper in County Board of Education; and that all	Reimbursement Due
Pate # Miles Charge @ \$.46 Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpso data furnished here within is true and correct to the best	the above statement were incurred by an of official business; that they are proper in County Board of Education; and that all	Reimbursement Due
Pate # Miles Charge @ \$.46 Log \$.46 Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpso data furnished here within is true and correct to the best	the above statement were incurred by an of official business; that they are proper in County Board of Education; and that all	Reimbursement Due Central Office Use: