

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 Amber Lamastus Date Submitted 12-13-24  
School/Work Site FSMS  
Name of Meeting/Conference KMEA Conference  
Date(s) of Meeting/Conference Feb. 5 - Feb. 8 Departure Time 8:00AM Return Time 6:00PM  
Place of Meeting/Conference Louisville, KY  
Rationale for Attendance Professional Development and Student Performance  
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>/</u>	<u>600.00</u>	<u>140.00</u>	<u>/</u>	<u>/</u>	<u>300.00</u>	<u>/</u>	<u>\$1040.00</u>

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

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Central Office Use:

Coding

CFO Approval

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 Robert McDougal Date Submitted 12/9/24  
School/Work Site FSMS  
Name of Meeting/Conference Williamsburg Va. Trip  
Date(s) of Meeting/Conference 12/11 - 12/15 Departure Time 6:00 am Return Time 6:00 pm  
Place of Meeting/Conference Williamsburg, Va  
Rationale for Attendance Chaperone Students  
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
Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø

Principal Signature: [Signature] Grant/Admin: \_\_\_\_\_  
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.

Employee Signature [Signature] Date 12/9/24

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Reimbursement Due

Central Office Use:

Coding

CFO Approval

# SIMPSON COUNTY SCHOOLS

## OUT-OF-DISTRICT TRAVEL AUTHORIZATION



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	:	\$ 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/](https://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.

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Contact Us

Chase Privacy Operations

PO Box 734007

Dallas, Texas 75373-4007

Privacy - <https://www.chase.com/digital/resources/privacy-security>

... ..

School/Work Site RTC

Name of Meeting/Conference \_\_\_\_\_  
Date(s) of Meeting/Conference Feb 4-6 '25 Departure Time 8:00 Return Time 6:00

Rationale for Attendance work session for 25-26 contract proposal

Estimated Expenses:		Other	Total Est. Expenses
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100. Estimated Expenses:			

Principal Signature: \_\_\_\_\_ Grant/Admin.: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds

☒ Approved    ☐ Not Approved...    shx    1/4/23  
Date

\*Originals - submit original and three copies. All original required receipts and signatures.

\*\*\* 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.\*\*\*

\_\_\_\_\_ hereby certify that all expenses included in the above statement were incurred by an

### Reimbursement Due

Employee Signature: April McLaughlin Date: 1/8/25

Date \_\_\_\_\_

Date \_\_\_\_\_

CFO Approval

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Attach Meeting Registration Form

## SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Bethany Schalk Date Submitted 1/07/2025  
 School/Work Site FSMS  
 Name of Meeting/Conference New Ag Teacher Workshop  
 Date(s) of Meeting/Conference 1/24/25-1/25/25 Departure Time 12:00PM-1/24 Return Time 2:00PM-1/25  
 Place of Meeting/Conference Rock Castle County High School  
 Rationale for Attendance PD provided by State CTE staff. Workshops by tenure teach  
 Expenses paid by: ☐ SBDM ☒ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) \_\_\_\_\_

**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
\$0	\$120.00	\$40.00	\$142.60	\$0	\$100.00	\$0	\$402.60

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_  
☒ Approved ☐ Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature \_\_\_\_\_ Date 1/9/25

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.

**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 Shelina Smith Date Submitted 11-21-24  
School/Work Site CO  
Name of Meeting/Conference KYSTE  
Date(s) of Meeting/Conference 3-11, 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
<u>235.-</u>		<u>120.-</u>	<u>105.80</u>				

Principal Signature: \_\_\_\_\_ Grant/Admin: Shelina Smith  
Prior Superintendent Approval: \_\_\_\_\_  
✓ Approved        Not Approved...  
Reason \_\_\_\_\_ Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_  
Required if Expenses are Paid by Grant Funds

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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	
Reimbursement Due							

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 \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Central Office Use:

Coding

CFO Approval

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# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lori Stevens Date Submitted 12/16/24  
School/Work Site Lincoln  
Name of Meeting/Conference ASD Cadre  
Date(s) of Meeting/Conference Jan. 14 2025 Departure Time 7:30 Return Time 3:30  
Place of Meeting/Conference GRREC 230 Technology Way, Bowling Green, Ky  
Rationale for Attendance ASD Cadre Member  
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
			23.92				

Principal Signature: Joyce Pais Grant/Admin: Keely Baker  
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 \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Central Office Use:

Coding

CFO Approval

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

**Estimated Expenses:**

Principal Signature: \_\_\_\_\_ Grant/Admin: 91 Shelley Martin  
 Required if Expenses are Paid by Grant Funds  
Prior Superintendent Approval:  
 \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved...  
 Reason \_\_\_\_\_  
 \_\_\_\_\_  
 Superintendent Signature 1/6/25  
 Date

# TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

**Reimbursement Due**

### Reimbursement Due

12/20/24  
Date

Date \_\_\_\_\_

CFO Approval