Employee Name		15		Submitted _	01-15-25	
School/Work Site		Member				
Name of Meeting/Confe	erence KSBA	Annua	Lonfere	nce	00 11 1 7 7	Feb 112 /0:000 000
Date(s) of Meeting/Con	ference HD o	7725			D-NOON_Return Tim	ne <u>reb. 23 Www</u>
Place of Meeting/Confe	rence <u>Gald</u>	HOUSE L	1001811	1. KB		
Rationale for Attendance	ce // ///////////	ayory IIa	ming		0011021-03	38+ 01.30
Expenses paid by:	SBDM □ PD	☐ Spec Ed ☐ K	ETS 🗹 Other (MUST Specify	0011071-03	30 4 1000
Estimated Expenses:						
Registration Lod	See policy	eals Mile \$0.46 p	er mile		titute Other per day PARKING	1595.14
Principal Signature: Prior Superintendent Ap	proval:		Grant/A	Admin:	Required if Expenses are Pa	id by Grant Funds
Reason		Supe	erintendent Sign	ature		Date
original required re	cerpts and signatu	A. T. A. S.			MBURSEMEN within thirty (30) days of the	
*** Per Board Policy 03.12 Date # Miles	5 and 03.225: "Out-o Charge @ \$.46	A. T. A. S.		T be submitted v		
*** Per Board Policy 03.12	5 and 03.225: "Out-o	of-District Travel Rei	mbursements MUS	T be submitted v	vithin thirty (30) days of the ther Expenses	travel return date.***
*** Per Board Policy 03.12	5 and 03.225: "Out-o	of-District Travel Rei	mbursements MUS	T be submitted v	vithin thirty (30) days of the ther Expenses	travel return date.***
*** Per Board Policy 03.12	5 and 03.225: "Out-o	of-District Travel Rei	mbursements MUS	T be submitted v	vithin thirty (30) days of the ther Expenses	travel return date.***
*** Per Board Policy 03.12	5 and 03.225: "Out-o	of-District Travel Rei	mbursements MUS	T be submitted v	vithin thirty (30) days of the ther Expenses	travel return date.***
Date # Miles Date # Miles	Charge @ \$.46	Lodging Lodging Lodging	Meals Meals atement were incu	Amount Amount	vithin thirty (30) days of the ther Expenses	Total
Date # Miles	Charge @ \$.46 state all expenses includinty Schools in the conservation of the conser	Lodging Lodging Lodging Lodging Lodging Lodging	Meals Meals atement were incursiness; that they are ard of Education; a	Amount Amount rred by an are proper nd that all	vithin thirty (30) days of the ther Expenses Explanation	Total
Date # Miles Date # Miles Affidavit: I hereby certify themployee of Simpson Courcharges qualifying for reim	Charge @ \$.46 state all expenses includinty Schools in the conservation of the conser	Lodging Lodging Lodging Lodging Lodging Lodging	Meals Meals atement were incursiness; that they are ard of Education; a	rred by an are proper nd that all	evithin thirty (30) days of the ther Expenses Explanation Reimbursement Due	Total

School/Work	Site	Schlo D		A		01-13-25	
Name of Med	eting/Confere	ence K5P			nferen		
Date(s) of Me	eeting/Confer	rence LD c	×1-23			Return Tir	ne
			House	Louis	sville, F	45	
Rationale for	Attendance			ware track	· · /AAUGT Coop		
Expenses pai		BDM □ PD	□ Spec Ed □	KEIS DOTT	er (IVIOST Speci	fy)	
Estimated Ex					infanta Cu	bstitute Other	Total Est. Expenses
Registration 630.ba	n Lodgir	See polic	y on back* \$0.46	ileage A per mile		DO per day PARKING GO. DD	1545.14
Principal Sigr Prior Superin Approv	nature: itendent Appr ved No		SuSu	Grain	nt/Admin:	Required if Expenses are Pa	aid by Grant Funds Date
original	required recei	returning. Inclu pts and signatu	res.			EIMBURSEMEN	T REQUEST
*** Per Board	Policy 03.125 at	nd 03.225: "Out-o	of-District Travel R	eimbursements i	MUST be submitte	d within thirty (30) days of th	e travel return date.***
*** Per Board Date	Policy 03.125 at	nd 03.225: "Out-o	of-District Travel R Lodging	eimbursements i Meals	MUST be submitte Amount	d within thirty (30) days of th Other Expenses Explanation	e travel return date.*** Total
*** Per Board	Policy 03.125 at	nd 03.225: "Out-c	of-District Travel R			Other Expenses	THE RESERVE
*** Per Board	Policy 03.125 at	nd 03.225: "Out-o	of-District Travel R			Other Expenses	THE RESERVE
*** Per Board	Policy 03.125 at	nd 03.225: "Out-o	of-District Travel R			Other Expenses	THE RESERVE
*** Per Board	Policy 03.125 at	nd 03.225: "Out-o	of-District Travel R			Other Expenses	THE RESERVE
*** Per Board	Policy 03.125 at	nd 03.225: "Out-o	of-District Travel R			Other Expenses	THE RESERVE
*** Per Board	Policy 03.125 at	nd 03.225: "Out-o	of-District Travel R			Other Expenses	THE RESERVE
*** Per Board	Policy 03.125 at	nd 03.225: "Out-o	of-District Travel R			Other Expenses	THE RESERVE
*** Per Board	Policy 03.125 at	nd 03.225: "Out-o	of-District Travel R			Other Expenses Explanation	Total
Date Affidavit: 1 her	# Miles	charge @ \$.46	Lodging Lodging	Meals statement were	Amount	Other Expenses	Total
Date Affidavit: I heremployee of Scharges qualify	# Miles # Miles eby certify that simpson County ying for reimbur	charge @ \$.46 Schools in the common than the common	Lodging	statement were business; that the Board of Education	Amount	Other Expenses Explanation	Total
Date Affidavit: I heremployee of Scharges qualify	# Miles # Miles eby certify that simpson County ying for reimbur here within is tr	charge @ \$.46 Schools in the common than the common	Lodging Lodging uded in the above capacity of official simpson County I	statement were business; that the Board of Education	Amount	Reimbursement Du	Total

Jill Ki	immer	Data Sub	mitted D	1-14-25	
Employee Name	and Member	Date Sub	mitted		
School/Work Site	KSBA Annual	Conference			
Name of Meeting/Conference _ Date(s) of Meeting/Conference				Return Time	e
Place of Meeting/Conference	CAN Days)	maisseille k	2K		
Rationale for Attendance	udatory Iran	71.119		0011001 000	0 0120
Expenses paid by:	□ PD □ Spec Ed □ KE	TS Other (MUS	T Specify) 🛂	00110 11-033	8+0630
Estimated Expenses:					
Registration Lodging	Meals See policy on back* So. 46 pe	er mile	Substit \$100 per		otal Est. Expenses
Principal Signature:		Grant/Admir	n:		
Prior Superintendent Approval:		1	/ Re	quired if Expenses are Paid	l by Grant Funds
Approved Not App		5	SM		
Reason	Supe	rintendent Signatur	e		Date
original required receipts an	a signatures.	AA EE ESSI EISS		1BURSEMENT	
*** Per Board Policy 03.125 and 03.2	25: "Out-of-District Travel Reim rge @ Lodging	Meals	ubmitted wit Othe Amount	hin thirty (30) days of the er Expenses Explanation	travel return date.*** Total
*** Per Board Policy 03.125 and 03.2	25: "Out-of-District Travel Reim	Meals	Othe	er Expenses	
*** Per Board Policy 03.125 and 03.2	25: "Out-of-District Travel Reim	Meals	Othe	er Expenses	
*** Per Board Policy 03.125 and 03.2	25: "Out-of-District Travel Reim	Meals	Oth	er Expenses	
*** Per Board Policy 03.125 and 03.2	25: "Out-of-District Travel Reim	Meals	Oth	er Expenses	
*** Per Board Policy 03.125 and 03.2	25: "Out-of-District Travel Reim	Meals	Oth	er Expenses	
*** Per Board Policy 03.125 and 03.2	25: "Out-of-District Travel Reim	Meals	Oth	er Expenses	
*** Per Board Policy 03.125 and 03.2	25: "Out-of-District Travel Reim	Meals	Oth	er Expenses	
*** Per Board Policy 03.125 and 03.2	25: "Out-of-District Travel Reim	Meals	Otho	er Expenses Explanation	
Date # Miles Cha	25: "Out-of-District Travel Reim rge @ Lodging .46 Lodging enses included in the above sta	Meals A	Otho	er Expenses	
Per Board Policy 03.125 and 03.2 Date # Miles Cha	25: "Out-of-District Travel Reim rge @ Lodging 3.46 Lodging enses included in the above sta s in the capacity of official but from the Simpson County Boa	Meals Atterment were incurred by siness; that they are printed of Education; and the	Otho	er Expenses Explanation	
Date # Miles Cha S Cha S Affidavit: I hereby certify that all expeemployee of Simpson County School charges qualifying for reimbursement	25: "Out-of-District Travel Reim rge @ Lodging 3.46 Lodging enses included in the above sta s in the capacity of official but from the Simpson County Boa	Meals Atterment were incurred by siness; that they are printed of Education; and the	Otho	Explanation Explanation Reimbursement Due tral Office Use:	

non-		11 n/-75	
Employee Name Tammie Mann		ted <u>DI-14-25</u>	
School/Work Site D- Board Memb			
Hallie of Miconia,	al Conference		
Date(s) of Meeting/Conference		eReturn Time	
Place of Meeting/Conference Galt House	LDUISVIII, RI	0	 x
Rationale for Attendance Mandadory Tra	anning		4 N/20
Expenses paid by:	KETS Other (MUST Sp	pecify) WIO 170 330	1000
Estimated Expenses:			
See policy on back* \$0.4	Nileage Airfare Spermile	Substitute Other T. \$100 per day HARKING 40.00	otal Est. Expenses
Principal Signature: Prior Superintendent Approval:	Grant/Admin:	Required if Expenses are Paid	by Grant Funds
Approved Not Approved	Shi	(
	perintendent Signature		Date
original required receipts and signatures.	RMVEL EAFENJE	REIMBURSEMENT	of or livery designed that the same of
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel For Date # Miles \$.46 Lodging		Other Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel R	Reimbursements MUST be subm	oitted within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel R	Reimbursements MUST be subm	oitted within thirty (30) days of the Other Expenses	travel return date.***
**** Per Board Policy 03.125 and 03.225: "Out-of-District Travel R Date # Miles Charge @ Lodging \$.46 Lodging Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official	Meals Amo	Other Expenses Funt Explanation Reimbursement Due	travel return date.***
**** Per Board Policy 03.125 and 03.225: "Out-of-District Travel R Date # Miles Charge @ Lodging \$.46 Lodging	Meals Amo Statement were incurred by are business; that they are proper Board of Education; and that all	Other Expenses Funt Explanation Reimbursement Due	travel return date.***
**** Per Board Policy 03.125 and 03.225: "Out-of-District Travel R Date # Miles Charge @ \$.46 Lodging Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official charges qualifying for reimbursement from the Simpson County	Meals Amo Statement were incurred by are business; that they are proper Board of Education; and that all	Other Expenses Funt Explanation Reimbursement Due	travel return date.***

Employee Na	me M	ria Will	bother	Date	e Submitte	d_01-13	3.25	
School/Work			Annua	o Conte	inu			
Name of Mee	eting/Conference	rence Pho	11-23	1			Return Tim	e
Place of Mee	ting/Confere	nce Galt	House,	Louisvi				
Rationale for	Attondance	Maridas	form Iva	10100				
Expenses pai	d by:	BDM □ PD	□ Spec Ed □ K	ETS Other (MUST Spe	cify) <u>001</u>	1071-03	38 + D630
Estimated Ex								
Registration	125	ng Me See policy 86 120.	on back* \$0.46 p	eage Airfa		ubstitute 100 per day	Other ARKING POIDD	1560, 11
				Grant/A	Admin:			
	tendent App red No	roval: ot Approved			_	Required if	Expenses are Pai	d by Grant Funds Date
Reason			Supe	erintendent Sigr	nature			Date
original	required recei	ipts and signatu						REQUEST
*** Per Board Date	Policy 03.125 a	nd 03.225: "Out-o Charge @ \$.46				ed within thirty Other Expens	(30) days of the	travel return date.*** Total
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MUS	T be submitt	ed within thirty Other Expens	(30) days of the ses	travel return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MUS	T be submitt	ed within thirty Other Expens	(30) days of the ses	travel return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MUS	T be submitt	ed within thirty Other Expens	(30) days of the ses	travel return date.***
Date Affidavit: I here	# Miles	charge @ \$.46 \$.46	F-District Travel Rein Lodging ded in the above st	Meals Meals atement were incursiness; that they	Amour Amour	Other Expens	(30) days of the ses	Total
Date Affidavit: I here employee of S charges qualify	# Miles # Miles eby certify that impson County fing for reimbur	charge @ \$.46 s.46 all expenses incluse Schools in the corsement from the	f-District Travel Rein Lodging	Meals Meals atement were incursiness; that they ard of Education; a	Amour Amour	Other Expens	r (30) days of the ses planation present Due	Total
Date Affidavit: I here employee of S charges qualify	# Miles # Miles eby certify that impson Countying for reimburhere within is to	charge @ \$.46 s.46 all expenses incluse Schools in the corsement from the	Lodging Lodging ded in the above stapacity of official businesses	Meals Meals atement were incursiness; that they ard of Education; a	Amour Amour	Other Expensit Ex	r (30) days of the ses planation present Due	Total

Employee Name New Board Mem	Date Subm	nitted 01-14-25	
School/Work Site 10 - Board me	mber		
Name of Meeting/Conference KSBA WY	Herence		
Date(s) of Meeting/Conference	Departure Tir	meReturn Time	
Place of Meeting/Conference	sc, Louisville, Br	5	
Rationale for Attendance Mandahory	Training		
Expenses paid by: SBDM PD Spec E	d KETS Other (MUST S	Specify)	
Estimated Expenses:			
Registration Lodging Meals See policy on back*	Mileage Airfare \$0.46 per mile	Substitute Other To \$100 per day	otal Est. Expenses
Principal Signature:	Grant/Admin:	Required if Expenses are Paid	hu Cront Funds
Prior Superintendent Approval:	100	7	1
Approved Not Approved	Superintendent Signature	110	5 25 Date
Reason	Superintendent Signature		
Submit this section upon returning. Include any	TRAVEL EXPENSE	E REIMBURSEMENT	REQUEST
original required receipts and signatures.			
original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District T			ravel return date.***
original required receipts and signatures.	ravel Reimbursements MUST be sub	bmitted within thirty (30) days of the t	
original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District 1 Charge @ Lodg	ravel Reimbursements MUST be sub	Other Expenses	ravel return date.***
original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District 1 Charge @ Lodg	ravel Reimbursements MUST be sub	Other Expenses	ravel return date.***
original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District 1 Charge @ Lodg	ravel Reimbursements MUST be sub	Other Expenses	ravel return date.***
original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District 1 Charge @ Lodg	ravel Reimbursements MUST be sub	Other Expenses	ravel return date.***
original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District 1 Charge @ Lodg	ravel Reimbursements MUST be sub	Other Expenses	ravel return date.***
original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District 1 Charge @ Lodg	ravel Reimbursements MUST be sub	Other Expenses	ravel return date.***
original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District 1 Charge @ Lodg	ravel Reimbursements MUST be sub	Other Expenses	ravel return date.***
original required receipts and signatures. **** Per Board Policy 03.125 and 03.225: "Out-of-District T Date # Miles Charge @ \$.46 Lodg	ging Meals Am	Other Expenses nount Explanation	ravel return date.***
original required receipts and signatures. **** Per Board Policy 03.125 and 03.225: "Out-of-District T Date # Miles Charge @ \$.46 Lodg \$.46 Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of	ging Meals Am above statement were incurred by official business; that they are prop	Other Expenses nount Explanation Reimbursement Due	ravel return date.***
original required receipts and signatures. **** Per Board Policy 03.125 and 03.225: "Out-of-District T Date # Miles Charge @ \$.46 Lodg	ravel Reimbursements MUST be substituted in the substitute of the	Other Expenses nount Explanation Reimbursement Due	ravel return date.***
original required receipts and signatures. **** Per Board Policy 03.125 and 03.225: "Out-of-District Tout-of-District Tout-o	ravel Reimbursements MUST be substituted in the substitute of the	omitted within thirty (30) days of the too Other Expenses nount Explanation an Reimbursement Due per all	ravel return date.***
original required receipts and signatures. **** Per Board Policy 03.125 and 03.225: "Out-of-District Tout-of-District Tout-o	ravel Reimbursements MUST be substituted in the substitute of the	omitted within thirty (30) days of the too Other Expenses nount Explanation an Reimbursement Due per all	ravel return date.***
original required receipts and signatures. **** Per Board Policy 03.125 and 03.225: "Out-of-District T Date # Miles Charge @ \$.46 Lodg \$.46 Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson Codata furnished here within is true and correct to the best of the capacity of the capacity of charges qualifying for reimbursement from the Simpson Codata furnished here within is true and correct to the best of the capacity of the capacity of charges qualifying for reimbursement from the Simpson Codata furnished here within is true and correct to the best of the capacity of the capacity of charges qualifying for reimbursement from the Simpson Codata furnished here within is true and correct to the best of the capacity of the capacity of charges qualifying for reimbursement from the Simpson Codata furnished here within is true and correct to the best of the capacity of the capacity of charges qualifying for reimbursement from the Simpson Codata furnished here within is true and correct to the best of the capacity of the capacity of charges qualifying for reimbursement from the Simpson Codata furnished here within is true and correct to the best of the capacity of	ravel Reimbursements MUST be substituted by above statement were incurred by official business; that they are propounty Board of Education; and that f my knowledge.	omitted within thirty (30) days of the too Other Expenses nount Explanation Reimbursement Due per all Central Office Use:	ravel return date.***