

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 Nancy Uhls Date Submitted 01-15-25  
School/Work Site CO-Board Member  
Name of Meeting/Conference KSBA Annual Conference  
Date(s) of Meeting/Conference Feb 21-23 Departure Time Feb 20 Noon Return Time Feb 23 6:00 pm  
Place of Meeting/Conference Galt House Louisville, KY  
Rationale for Attendance Mandatory Training  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) 0011071-0338+0630

## Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
<u>630.00</u>	<u>631.86</u>	<u>120.00</u>	<u>123.28</u>	<u>-</u>	<u>-</u>	<u>PARKING 90.00</u>	<u>1595.14</u>

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
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

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# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Tim Schlosser Date Submitted 01-13-25  
School/Work Site CO  
Name of Meeting/Conference KSBA Annual Conference  
Date(s) of Meeting/Conference Feb 21-23 Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_  
Place of Meeting/Conference Gay House, Louisville, KY

Rationale for Attendance \_\_\_\_\_

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
<u>630.00</u>	<u>631.86</u>	<u>120.00</u>	<u>123.28</u>	<u>-</u>	<u>-</u>	<u>PARKING 90.00</u>	<u>1545.14</u>

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_

Prior Superintendent Approval:

\_\_\_\_ Approved \_\_\_\_ Not Approved...

Reason \_\_\_\_\_

[Signature]  
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	

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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 Jill Kummer Date Submitted 01-14-25  
School/Work Site EO-Board Member  
Name of Meeting/Conference KSBA Annual Conference  
Date(s) of Meeting/Conference Feb 21-23 Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_  
Place of Meeting/Conference Galt House, Louisville, KY  
Rationale for Attendance Mandatory Training  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) DD11071-0338+0630

## Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
<u>630.00</u>	<u>631.86</u>	<u>120.00</u>	<u>123.28</u>	<u>-</u>	<u>-</u>	<u>PARKING 40.00</u>	<u>1545.14</u>

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

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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 Tammie Mann Date Submitted 01-14-25  
School/Work Site CO-Board Member  
Name of Meeting/Conference KSBA Annual Conference  
Date(s) of Meeting/Conference Feb. 21-23 Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_  
Place of Meeting/Conference Galt House, Louisville, KY  
Rationale for Attendance Mandatory Training  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) 0011077-0338+ 0630

## Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
<u>630.00</u>	<u>631.86</u>	<u>120.00</u>	<u>123.08</u>	<u>-</u>	<u>-</u>	<u>PARKING 40.00</u>	<u>1545.14</u>

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

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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: \_\_\_\_\_  
Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

# TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

Date \_\_\_\_\_

Date \_\_\_\_\_

### CFO Approval

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Complete ALL items on top half of form.  
Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name New Board Member Date Submitted 01-14-25  
School/Work Site CO - Board member  
Name of Meeting/Conference KSBA Conference  
Date(s) of Meeting/Conference Feb. 21-23 Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_  
Place of Meeting/Conference Galt House, Louisville, KY  
Rationale for Attendance Mandatory Training  
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

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
\_\_\_\_ Approved \_\_\_\_ Not Approved...  
Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 1/15/25

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