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

	HERE STANDARD					
Employee Name	nelsea A	dams	Dat	e Submitted	1/14/25	
School/Work Site	SHS YSC			,	I, I	
Name of Meeting/Confe	rence KY,	ASAP M	esting			
Date(s) of Meeting/Conf	erence	Le / 25	bepar	ture Time	(1:00am Return Tir	ne <u>2:00pm</u>
Place of Meeting/Confe	rence Loga	n County	Public	Librar	¥	
Rationale for Attendance	e ASAP	Board			4.	
Expenses paid by:	SBDM PD	□ Spec Ed □ K	ETS Other (	MUST Specif	FN 0402104-05	90-129L
Estimated Expenses:						
Registration Lodg	ging Me See policy	on back* \$0.46 p	The second secon		ostitute Other 0 per day	Total Est. Expenses
		)			, 1111	
Principal Signature: Prior Superintendent Ap	proval		Grant/	Admin:	Required if Expenses are Pa	aid by Grant Funds
	Not Approved		1	11	madailes il superisco si e i s	11: 1-6
Reason	io i ppi oved	Supe	erintendent Sign	nature		Date
				-3-4		
*** Dos Popul Bolicu 02 125	THE RESERVE THE PERSON NAMED IN COLUMN 2 I				IMBURSEMEN  within thirty (30) days of the	
Date # Miles	Charge @	Lodging	Meals	or be submitted	Other Expenses	Total
Jule 7 miles	\$.46	20451115	Medis	Amount	Explanation	Total
				1		
Affidavit: I hereby certify tha employee of Simpson Count	ty Schools in the ca	pacity of official bu	isiness; that they	are proper	Reimbursement Due	
charges qualifying for reimbi data furnished here within is					Central Office Use:	· 6 2··
Employee Signature		*	Date	- ; 7	Coding	,
Supervisor Signature			Date		CFO Approval	

**CFO Approval** 

N. C.		ν.			11 /2-	
Employee Name	ire ()	hang	Date \$	Submitted _	1/17/25	
School/Work SiteSE	=5		0 1			
Name of Meeting/Conference	e Hun	a Tima	thicking .	MOT	1 rang	713
Date(s) of Meeting/Conferer	nce _ 01 6	125	Departu	re Time	Return Tim	ne_ <u>565</u>
Place of Meeting/Conference					Ing Green, G	,
Rationale for Attendance	anther u	of MOTI	SPACACE	staff, s	Spiears, lega	l tean
Expenses paid by:	M DPD E	Spec Ed KE	TS Other (M	IUST Specify		
Estimated Expenses:						
Registration Lodging	See policy of		or mile	\$100 p	titute Other per day	Total Est. Expenses
Principal Signature:	M		Grant/Ad		Required if Expenses are Pai	d by Grant Funds
Prior Superintendent Approv			1	Let		1/27/25
Approved Not A	approved	Super	rintendent Signa	ture		Date
Nedoon.						
Submit this section upon ret	urning. Includ	e any	VEL EVAE	NCE DEL	A ADLIDCE A AFAIS	PEQUECT
original required receipts	and signature	es. I IVA	THE RESIDENCE OF THE PARTY OF T		MBURSEMENT	
original required receipts  *** Per Board Policy 03.125 and 0	and signature	-District Travel Reim	bursements MUST	be submitted v		travel return date.***
original required receipts  *** Per Board Policy 03.125 and 0	and signature	es. I IVA	THE RESIDENCE OF THE PARTY OF T	be submitted v	within thirty (30) days of the	
original required receipts  *** Per Board Policy 03.125 and (	and signature 03.225: "Out-of Charge @	-District Travel Reim	bursements MUST	be submitted v	within thirty (30) days of the ther Expenses	travel return date.***
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original required receipts  Per Board Policy 03.125 and 0  Date # Miles  Affidavit: I hereby certify that all	and signature  3.225: "Out-of  Charge @ \$.46	Lodging  Lodging  led in the above star	Meals  Meals  tement were incurr	be submitted v O Amount	within thirty (30) days of the ther Expenses	Total
original required receipts  Per Board Policy 03.125 and 0  Date # Miles	expenses include hools in the capent	Lodging  Lodging  led in the above starpacity of official busimpson County Board	Meals  Meals  tement were incurriness; that they ard of Education; and	Amount  ed by an e proper d that all	ther Expenses Explanation	Total
original required receipts  *** Per Board Policy 03.125 and 0  Date # Miles  Affidavit: I hereby certify that all employee of Simpson County Scharges qualifying for reimbursen	expenses include hools in the capent	Lodging  Lodging  led in the above starpacity of official busimpson County Board	Meals  Meals  tement were incurriness; that they ard of Education; and	ed by an e proper d that all	ther Expenses Explanation  Reimbursement Due	Total

Employee Na	ame A	nie Ch	hanes	Date	Submitte	d <u>1/21/25</u>	
School/Work	Site	ES	)			· · · · · · · · · · · · · · · · · · ·	
Name of Mee	eting/Confer	ence	515 Response	Toan	Theini	mp	
		rence _ 2\	19/192,	Depart	ure Time	7130 Return Tim	e 4:30
Place of Mee							
Rationale for	Attendance	C01313	Vesponse	1 com T	Tracky	<u> </u>	
Expenses pai	d by:	BDM □ PD	□ Spec Ed □ KE	TS 🗖 Other (N	MUST Spec	cify)	
Estimated Ex	penses:						
Registration	n Lodgi	ng Me See policy				ubstitute Other 1	Fotal Est. Expenses
Principal Sigr Prior Superin Approv Reason	red No	ot Approved	Supe	Grant/A	-Sh	Required if Expenses are Paid	d by Grant Funds ( つフ / ンフ / ンフ / フ / フ / フ / フ / フ / フ / フ
originai	required recei	ipts and signatur	es.	AALL DALL	-1436 11	EIMBURSEMENT	TIL COLO!
						ed within thirty (30) days of the Other Expenses	
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rein	nbursements MUS	T be submitt	ed within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rein	nbursements MUS	T be submitt	ed within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rein	nbursements MUS	T be submitt	ed within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rein	nbursements MUS	T be submitt	ed within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board  Date  Affidavit: I her employee of S	# Miles  # Original property with the state of the state	charge @ \$.46 \$.46	Lodging  Lodging  ded in the above sta	Meals  Meals  atement were incursiness; that they a	Amour  Amour	ed within thirty (30) days of the Other Expenses	Total
Date  Affidavit: I her employee of Scharges qualify	# Miles  # Wiles  reby certify that Simpson County ying for reimbur	charge @ \$.46  s.46  all expenses inclused schools in the carsement from the	f-District Travel Rein  Lodging  ded in the above sta	Meals  Meals  atement were incursiness; that they are of Education; a	Amour  Amour	ed within thirty (30) days of the Other Expenses It Explanation	Total
Date  Affidavit: I her employee of Scharges qualify	# Miles  # Wiles  be by certify that simpson County ying for reimbur here within is to	charge @ \$.46  s.46  all expenses inclused schools in the carsement from the	Lodging  Lodging  ded in the above state apacity of official bu Simpson County Boa	Meals  Meals  atement were incursiness; that they are of Education; a	Amour  Amour	ed within thirty (30) days of the Other Expenses It Explanation Reimbursement Due	Total

Employee Name Amie Cha	neyDate Submitted
School/Work Site 55	
Name of Magting/Conference	or Planning Ther 3+ Beyond
Date(s) of Meeting/Conference	ven 4, 35 Departure Time 7/30 Return Time 4/30
Place of Meeting/Conference	
	Behavier Plans W/ Team for Students
Expenses paid by:	ec Ed
Estimated Expenses:	
Registration Lodging Meals See policy on bac	Mileage Airfare Substitute Other Total Est. Expenses \$100 per day  D7-160  D37-160
Principal Signature:	Grant/Admin:
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	1/27/25
Reason	Superintendent Signature Date
Submit this section upon returning. Include any original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REQUEST
Charge @	odging Meals Amount Explanation Total
Date # Miles Charge @	Other Expenses Total
Date # Miles Charge @	Other Expenses Total
Date # Miles Charge @	Other Expenses Total
Date # Miles Charge @	Other Expenses Total
Date # Miles Charge @	Other Expenses Total
Date # Miles Charge @	Other Expenses Total
Date # Miles Charge @	Other Expenses Total
Date # Miles Charge @ \$.46 L	Other Expenses Amount Explanation  Total  Total  Total  Total  Total  Total  Reimbursement Due
Date # Miles Charge @ L	Meals Amount Explanation  Total  Amount Explanation  Total  Amount Explanation  Total  Reimbursement Due  of official business; that they are proper on County Board of Education; and that all
Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson	Meals Amount Explanation  Total  Amount Explanation  Total  Total  Amount Explanation  Reimbursement Due  Total

Employee Name Leah Clark	Date	Submitted	1-22-202	25
School/Work Site Lincoln Eleme				
SCHOOL WOLK Site	im ension	ns 0-1	Teacher (	Clarity
			8:00 Return Ti	me 4:00
Place of Meeting/Conference GRREC				
To increase "	Student	achie	vement by	creating
Rationale for Attendance To increase a  Expenses paid by: SBDM PD Spec Ed E	KETS Other (I	MUST Spec	ify)	401
Estimated Expenses:				m. 15 . 5
See policy on back* \$0.4	1ileage Airfa	\$1	abstitute Other 00 per day  200	#200
Principal Signature:	Grange	A	Required if Expenses are	aid by Grant Funds
Prior Superintendent Approval:		10		1/27/25
Approved Not Approved	perintendent Sign	ature		Date
ReasonSt	aperintendent o.g.			
Submit this section upon returning. Include any original required receipts and signatures.	RAVEL EXPI	ENSE R	EIMBURSEMEN	IT REQUEST
original required receipts and signatures.				
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel I				he travel return date.***
Per Board Policy 03.125 and 03.225: "Out-of-District Travel I  Date # Miles Charge @ Lodging  \$.46			od within thirty (30) days of the Other Expenses	
Per Board Policy 03.125 and 03.225: "Out-of-District Travel I	Reimbursements MUS	Amoun	Other Expenses t Explanation	he travel return date.***
Per Board Policy 03.125 and 03.225: "Out-of-District Travel IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Reimbursements MUS	T be submitt	Other Expenses t Explanation	Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel I	Reimbursements MUS	Amoun	Other Expenses t Explanation	he travel return date.***  Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Reimbursements MUS	Amoun	Other Expenses t Explanation	Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Reimbursements MUS	Amoun	Other Expenses t Explanation	Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Reimbursements MUS	Amoun	Other Expenses t Explanation	Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel II Date # Miles Charge @ Lodging \$.46	Reimbursements MUS	Amoun	Other Expenses t Explanation	Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel II Date # Miles Charge @ Lodging \$.46	Reimbursements MUS	Amoun	Other Expenses t Explanation	Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel II Date # Miles Charge @ \$.46 Lodging 2 20	Meals Meals	Amoun \$100	other Expenses t Explanation SUB	Total  \$ 100  \$ 100
Per Board Policy 03.125 and 03.225: "Out-of-District Travel For Date # Miles Charge @ \$.46 Lodging \$.46  2   19	Meals  Meals  statement were incu	Amoun \$100	Other Expenses t Explanation	Total  \$ 100 \$ 100
Date # Miles Charge Lodging  2 19  2 20  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  Meals  e statement were incul business; that they Board of Education; a	Amoun \$100	ed within thirty (30) days of the Other Expenses t Explanation SUB SUB Reimbursement Du	Total  \$ 100  \$ 100
Date # Miles Charge Lodging  2   9    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 data furnished here within is true and correct to the best of my king.	Meals  Meals  Meals  e statement were inculated business; that they Board of Education; a nowledge.	Amoun \$100	other Expenses t Explanation SUB	Total  \$ 100  \$ 100
Date # Miles Charge Lodging  2 19  2 20  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  Meals  Meals  Statement were inculated business; that they board of Education; anowledge.	Amoun \$100	Reimbursement Du  Central Office Use:	Total  \$ 100  \$ 100
Date # Miles Charge Lodging  2   9    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 data furnished here within is true and correct to the best of my king.	Meals  Meals  Meals  e statement were inculated business; that they Board of Education; a nowledge.	Amoun \$100	ed within thirty (30) days of the Other Expenses t Explanation SUB SUB Reimbursement Du	Total  \$ 100  \$ 100
Date # Miles Charge Lodging  2 19  2 20  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 data furnished here within is true and correct to the best of my known and the standard standa	Meals  Meals  Meals  Statement were inculated business; that they board of Education; anowledge.	Amoun \$100	Reimbursement Du  Central Office Use:	Total  \$ 100  \$ 100

					.c Jubililiti	ed 1/17/25		
SCHOOL AAOLK	Site Sim	pson Elementary						
Name of Mee	eting/Confere	ence Behavio	r Planning: Tier 3 a	and beyond				
Date(s) of Me	eeting/Confe	rence March 4	, 2025	Depa	rture Time	7:30	Return Tim	e4:30
		nce <u>GRREC</u>						
Rationale for			to complete function	. /				or tier 3 behavior
Expenses paid	d by: 🔲 S	BONYOTT PD [	□ Spec Ed □ Ki	ETS DOTher	(MUST Spe	cify) <u>Itua</u>	her avality	
Estimated Ex	penses:							
Registration	n Lodgir	ng Me See policy				Substitute 5100 per day	Other 1	Total Est. Expenses
\$25	\$0	\$0		30.54		\$100.00	\$	155.54
Principal Sign	ature:	utili	hew	Grant/	Admin:			
	tendent Appı	roval:	<i>)</i>	1	-11	Required	f Expenses are Paid	by Grant Funds
Approv	ed No	t Approved	11		SM		l	25/10
Reason			Supe	rintendent Sig	nature		Ü	Date
Date	# Miles	Charge @ \$.46	Lodging	Meals	Amou	Other Expe nt E	nses xplanation	Total
						N. S. Harrison		
Affidavit: I here	eby certify that a	all expenses includ	led in the above sta	tement were inci	arred by an	Reimb	ursement Due	
employee of Si charges qualifyi	mpson County ing for reimburs	Schools in the cap sement from the S	led in the above sta pacity of official bus impson County Boa he best of my know	siness; that they rd of Education;	are proper	Reimb Central Of		
employee of Si charges qualifyi	impson County ing for reimburs here within is tro	Schools in the cap sement from the S	pacity of official bus impson County Boa	siness; that they rd of Education;	are proper			

Employee Name Lucinda EVOS	ManDate Sub	omitted 1 2 2 2 5	
School/Work Site Franklin & Lin	com clementary		
Name of Meeting/Conference	25 Allen Logan Sim	pson Regional Collaborati	UZ
Name of Meeting/Conference 1232	5Departure	Time <u>II am</u> Return Time	<b>p</b> m
Place of Meeting/Conference Mcm_ C	ounty Extension of	ice, Scottsville, Ky	
Rationale for Attendance Quartry	meeting for carry	Mildhood	
Expenses paid by:   SBDM  PD  S S	Spec Ed KETS Other (MUS	T Specify)	
Estimated Expenses:			
Registration Lodging Meals See policy on		Substitute Other Total E \$100 per day	st. Expenses
	2550	2	3- <sup>∞</sup>
Principal Signature:	Grant/Admi	n: lefflh	
Prior Superintendent Approval:  Approved Not Approved	1-00	Required if Expenses are Paid by Gr	ant Funds
ReasonNot Approved	Superintendent Signatur	e I I U	Date
Submit this section upon returning. Include a	I D // // E   E   D E // i	SE REIMBURSEMENT RE	OUEST
original required receipts and signatures.			
*** Per Board Policy 03.125 and 03.225: "Out-of-Di	strict Travel Reimbursements MUST be		return date.***
	strict Travel Reimbursements MUST be	submitted within thirty (30) days of the travel	
*** Per Board Policy 03.125 and 03.225: "Out-of-Di	strict Travel Reimbursements MUST be	Other Expenses	return date.***
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*** Per Board Policy 03.125 and 03.225: "Out-of-Di	strict Travel Reimbursements MUST be	Other Expenses	return date.***
Per Board Policy 03.125 and 03.225: "Out-of-Di  Date # Miles Charge @ \$.46  Affidavit: I hereby certify that all expenses included	Lodging Meals  Meals  in the above statement were incurred leading to the statement were incurred to the statement were	Other Expenses Amount Explanation  Explanation  Other Expenses  Amount Explanation  Reimbursement Due	return date.***
Date # Miles Charge @ \$.46  Charge @ \$.46  Affidavit: I hereby certify that all expenses included employee of Simpson County Schools in the capacitaries qualifying for reimbursement from the Simpson County Schools in the capacitaries and the simpson county scho	in the above statement were incurred lity of official business; that they are pipson County Board of Education; and the	Other Expenses Amount Explanation  Oy an Reimbursement Due oper at all	return date.***
Date # Miles Charge @ \$.46  Affidavit: I hereby certify that all expenses included employee of Simpson County Schools in the capacitarges qualifying for reimbursement from the Simulata furnished here within is true and correct to the	in the above statement were incurred leity of official business; that they are pipson County Board of Education; and the best of my knowledge.	Other Expenses Amount Explanation  Explanation  Oy an Reimbursement Due	return date.***
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Date # Miles Charge @ \$.46  Affidavit: I hereby certify that all expenses included employee of Simpson County Schools in the capac charges qualifying for reimbursement from the Simulata furnished here within is true and correct to the	in the above statement were incurred leity of official business; that they are proposed to the proposed for	Other Expenses Amount Explanation  Oy an roper at all  Central Office Use:	return date.***

Employee Name	nda Evers				1/22/25	
School/Work Site	anklin & L	incom le	Mentany			
Name of Meeting/Conferer	nce <u>legisla</u>	the Rec	eption			
Date(s) of Meeting/Confere	encel\a	8/25	Departu	re Time	amReturn Tin	ne <u>12pm</u>
Place of Meeting/Conferen	ce <u>GRR</u>	EC BOW	ling Green	i, ky		
Rationale for Attendance _	PRYSC	advocacy				
Rationale for Attendance _ Expenses paid by:	DM PD D	Spec Ed KET	S DOTHER (M	IUST Specify)	trysc_	
Estimated Expenses:			,		•	
Registration Lodging	Meals See policy on			<b>Subs</b> t	titute Other per day	Total Est. Expenses
		lele				30.36
Principal Signature:	11 1		Grant/Ad	lmin: 4	11/1	
Principal Signature: Prior Superintendent Appro	oval:		Granty Ad		Required if Expenses are Pa	id by Grant Funds
N Approved Not				1-5h	l	1/23/25
Reason		Superi	ntendent Signa	ture		Date
		Appendix and the second				
		A CONTRACTOR OF THE PARTY OF TH				
Submit this section upon re original required receipt	ts and signatures.	IKA			MBURSEMEN'	
	ts and signatures.	IKA		be submitted v	vithin thirty (30) days of th	e travel return date.***
original required receipt	ts and signatures.	IKA		be submitted v		
original required receipt *** Per Board Policy 03.125 and	ts and signatures. 103.225: "Out-of-Di Charge @	I RA strict Travel Reimb	oursements MUST I	be submitted w	vithin thirty (30) days of the	e travel return date.***
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original required receipt  **** Per Board Policy 03.125 and  Date # Miles	ts and signatures. 103.225: "Out-of-Di Charge @ \$.46	Strict Travel Reimb	Meals	be submitted w	vithin thirty (30) days of the	Total
Per Board Policy 03.125 and Date # Miles  Affidavit: I hereby certify that al employee of Simpson County Simpso	ts and signatures.  103.225: "Out-of-Di Charge @ \$.46  I expenses included chools in the capac	Lodging  lin the above state city of official busin	Meals  Meals  ement were incurrences; that they are	be submitted v  Amount  ed by an	vithin thirty (30) days of the ther Expenses Explanation	Total
original required receipt  *** Per Board Policy 03.125 and  Date # Miles  Affidavit: I hereby certify that all	ts and signatures.  103.225: "Out-of-Di Charge @ \$.46  \$.46	Lodging  Lin the above state sity of official busing	Meals  Meals  Perment were incurrent to the service of Education; and	ed by an eproper	vithin thirty (30) days of the ther Expenses Explanation	Total
Affidavit: I hereby certify that al employee of Simpson County Scharges qualifying for reimburse data furnished here within is true.	ts and signatures.  103.225: "Out-of-Di Charge @ \$.46  I expenses included chools in the capaciment from the Sime and correct to the	Lodging  Lin the above state sity of official busing	Meals  Meals  Perment were incurrent to the service of Education; and	ed by an eproper	vithin thirty (30) days of the ther Expenses Explanation  Reimbursement Due	Total
Affidavit: I hereby certify that al employee of Simpson County Scharges qualifying for reimburse data furnished here within is true.	ts and signatures.  103.225: "Out-of-Di Charge @ \$.46  \$.46	Lodging  Lin the above state sity of official busing	Meals  Meals  Perment were incurrent to the service of Education; and	ed by an e proper d that all	vithin thirty (30) days of the ther Expenses Explanation  Reimbursement Due	Total
Affidavit: I hereby certify that al employee of Simpson County Scharges qualifying for reimburse data furnished here within is true.	ts and signatures.  103.225: "Out-of-Di Charge @ \$.46  I expenses included chools in the capaciment from the Sime and correct to the	Lodging  Lin the above state sity of official busing	ment were incurrent to feducation; and dge.	ed by an e proper d that all	Reimbursement Due	Total
Affidavit: I hereby certify that al employee of Simpson County Scharges qualifying for reimburse data furnished here within is true.	ts and signatures.  103.225: "Out-of-Di Charge @ \$.46  I expenses included chools in the capaciment from the Sime and correct to the	Lodging  Lin the above state sity of official busing	ment were incurrent to feducation; and dge.	ed by an e proper of that all	Reimbursement Due	Total

Employee Name	Lucinda E.	Versman	Date Su	ubmitted	1/22/25	
School/Work Site	Franklin	& Lincoln				
Name of Meeting/0	ConferenceF	RUSC REOND	nal Mectin	a		
	/Conference		Departure	e fime <u>8</u>	amReturn T	ime <u>2pm</u>
	onference <u>Will</u>		of Club, G	lasgow,	Ky	
Rationale for Atten	dance <u>Regional</u>	Quartent	x Wetting			
Expenses paid by:	□ SBDM □ PD	☐ Spec Ed ☐ KE	TS DOTHER (MU	JST Specify)	trysc	
Estimated Expenses					•	
Registration		eals Milea y on back* \$0.46 pe		Substi \$100 pe		Total Est. Expenses
		11 8				51.52
Principal Signature:	M. Pin		Grant/Adm	nin:	1. 1/1//	
Principal Signature: Prior Superintendel	nt Approval:		Grand Adii		iquired if Expenses are I	Paid by Grant Funds
	Not Approved			+86	2	1/23/25
Reason		Super	rintendent Signatu	ire		Date
Submit this section	n upon returning. Inclu	DESCRIPTION OF THE PROPERTY OF	VEL EVDEN	ISE REIA	ARLIRSEMEN	IT REQUEST
The second secon	d receipts and signatu	CS.				
The second secon	3.125 and 03.225: "Out-o	CS.		e submitted wi	thin thirty (30) days of t	
*** Per Board Policy 0	3.125 and 03.225: "Out-o	CS.		e submitted wi		
*** Per Board Policy 0	3.125 and 03.225: "Out-o	of-District Travel Reim	bursements MUST be	e submitted wi	thin thirty (30) days of t er Expenses	he travel return date.***
*** Per Board Policy 0	3.125 and 03.225: "Out-o	of-District Travel Reim	bursements MUST be	e submitted wi	thin thirty (30) days of t er Expenses	he travel return date.***
*** Per Board Policy 0	3.125 and 03.225: "Out-o	of-District Travel Reim	bursements MUST be	e submitted wi	thin thirty (30) days of t er Expenses	he travel return date.***
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Date # M	Charge @ \$.46  ify that all expenses including the state of the state	Lodging  Lodging  ded in the above state	Meals  Meals  tement were incurred	e submitted wire Oth Amount	thin thirty (30) days of t er Expenses	Total
Date # M  Affidavit: I hereby cert employee of Simpson charges qualifying for	iles Charge @ \$.46  ify that all expenses inclu County Schools in the creimbursement from the	Lodging  Lodging  Ided in the above state apacity of official bus Simpson County Boar	Meals  Meals  tement were incurred iness; that they are produced of Education; and they	I by an proper that all	thin thirty (30) days of the Expenses Explanation  Reimbursement Du	Total
Date # M  Affidavit: I hereby cert employee of Simpson charges qualifying for	ify that all expenses inclu County Schools in the creimbursement from the thin is true and correct to	Lodging  Lodging  Ided in the above state apacity of official bus Simpson County Boar the best of my knowledges.	Meals  Meals  tement were incurred iness; that they are produced of Education; and they	I by an proper that all	thin thirty (30) days of the Expenses Explanation	Total
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Date # M  Affidavit: I hereby cert employee of Simpson charges qualifying for data furnished here with the state of the st	illes  Charge @ \$.46  ify that all expenses inclu County Schools in the creimbursement from the thin is true and correct to	Lodging  Lodging  Ided in the above state apacity of official bus Simpson County Boar the best of my knowledges.	Meals  Meals  tement were incurred iness; that they are produced of Education; and they	I by an proper that all	Reimbursement Dutral Office Use:	Total

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Employee N	lame Me	£ wall	ranklis		Submitted		
0.11/14/07	L Sita Man	IDAN WI	aining C	exter			
Name of Me	eeting/Confe	rence <u>RTC</u>	Sunner	clustille	te		- 1.00 pm
Data(s) of M	teeting/Confe	erence 6/16	-18/25	Departi	ure filme 17.0	0 <u>0                                   </u>	rn Time 6:00 pm
Disea of Me	eting/Confer	ence Crow	re Plana	Louisvi	ele KY		
Place of Me	eting/come.	Il ation	Lovenen tim	o the Ino	titute		
Rationale fo	r Attendance	CODA FIRE	D Spec Ed D	g the Uns	MUST Specify)		
Expenses pa		ZRDIM PI SD	m specia m.		(2)		
Estimated Ex		0.0	eais Mil	eage Airfar	e Subst	itute Othe	r Total Est. Expenses
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	300.9	200	.00				400.80
	3001.	100		C	dunia.		
	nature:			Grant/Ad	MATCH R	equired if Expenses	are Paid by Grant Funds
	ntendent App			*/ north	WIK	145	1 /1/ 22/28
		ot Approved	Sup	erintendent Signa	ture		Date
Reason				1			
POWERFUL DE		rendered to	ТР	AVEL EYDE	NSF REIN	<b>MBURSEM</b>	ENT REQUEST
allahi)	in quite tree	gas and Parlan	ie filia	AVELENIE	he submitted w	thin thirty (30) days	s of the travel return date.***
*** Per Board	Policy 03.125 a				Otl	AND THE PERSON NAMED IN	(0(2)
*** Per Board Date	Policy 03.125 a	nd 03.225: "Out-o Charge @ \$.46	Lodging	Meals Most	Otl Amount	ner Expenses Explanation	(0(2)
THE REPORT OF	A LORD TO SELECT	Charge @			Sales At 18 19	AND THE PERSON NAMED IN	(0(2)
ET COLOR S	A LORD TO SELECT	Charge @			Sales At 18 19	AND THE PERSON NAMED IN	(0(2)
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ET COLOR S	A LORD TO SELECT	Charge @			Sales At 18 19	AND THE PERSON NAMED IN	(0(2)
AN WATER SH	A LORD TO SELECT	Charge @			Sales At 18 19	AND THE PERSON NAMED IN	(0(2)
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Date	# Miles	Charge @ \$.46	Lodging	Meals	Amount  ed by an	AND THE PERSON NAMED IN	n Total
Date  Affidavit: I her employee of S	# Miles  eby certify that simpson County	charge @ \$.46 \$.46  all expenses include Schools in the care	Lodging  ded in the above stractity of official bu	atement were incurred usiness; that they are ard of Education; and	Amount  ed by an e proper d that all	Explanation	n Total
Date  Affidavit: I her employee of S	# Miles  eby certify that simpson County	charge @ \$.46 \$.46  all expenses include Schools in the care	Lodging  ded in the above st	atement were incurred usiness; that they are ard of Education; and	Amount  ed by an e proper d that all	Explanation	n Total
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Affidavit: I her employee of S charges qualify data furnished	# Miles  reby certify that simpson County ying for reimbur there within is to	charge @ \$.46 \$.46  all expenses include Schools in the care	Lodging  ded in the above stractity of official bu	atement were incurred usiness; that they are ard of Education; and	ed by an e proper d that all	Explanation	n Total
Date  Affidavit: I heremployee of S	# Miles  reby certify that simpson County ying for reimbur there within is to	charge @ \$.46 \$.46  all expenses include Schools in the care	Lodging  ded in the above stractity of official bu	atement were incurrusiness; that they are ard of Education; and yledge.	ed by an e proper d that all	Reimbursemen	n Total

Employee Na	ame Kyl	e GRAVES		Dat	e Submitte	ed	2/19/202	4	
School/Work	Site FS	HS / FSM	5						
Name of Me	eting/Confer	ence Kento	cky Music	Educators A	550519/10	on G	onference/C	linic	
Date(s) of M	eeting/Confe	rence 2/5/2	4-2/8/2	1Depar	ture Time	Bar	nRetur	n Time _	8pm
Place of Mee	eting/Confere	nce <u>Kentuc</u>	Ky Interna	ational Con	vention (	enter	- Louisul	le, K	Υ
Rationale for	Attendance	Annual Pro	fessional ]	Development	/ Chape	mre S	Student		
Expenses pai	id by: 🗆 S	BDM □ PD □	I Spec Ed □ K	ETS 🗖 Other (	MUST Spe	cify) _1	misc. B	and	Budget
Estimated Ex									
Registratio	n Lodgii			eage Airfa per mile		Substitu 3100 per c		Tota	al Est. Expenses
\$ 125.5	± \$1.275	See policy of .:- \$ 160.				300.°		#9	84.66
Dringinal Sign	naturo:	61		Grant/	Admin:				
Principal Sigr Prior Superin Approv	tendent App	roval: or Approved		48	hl	Req	uired if Expenses	are Paid by	Grant Funds
Reason			Sup	erintendent Sign	nature				Date
OI ISHIBI	1 cdell ea resel	pts and signature	C. C	AVEL EXP		NEWS PLOCES	and the state of the state of	4	the second second
The second second		ond 03.225: "Out-of- Charge @ \$.46				ted with Othe		of the trav	
*** Per Board	Policy 03.125 a	nd 03.225: "Out-of- Charge @	District Travel Rei	mbursements MUS	T be submit	ted with Othe	in thirty (30) days r Expenses	of the trav	el return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-of- Charge @	District Travel Rei	mbursements MUS	T be submit	ted with Othe	in thirty (30) days r Expenses	of the trav	el return date.***
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Employee N	lame II W	ton Grav	ICS	Dat	e Submitte	d 01/2	1125	
School/Wor	rk Site <u> </u>	inson El	ementan					
Name of M	eeting/Confer	ence FOLV CO	ators rest		CUNI	evenc	N	
		rence 13 06		Depar	ture Time	<b><i>5am</i></b>	Return Ti	me 5pM
Place of Me	eting/Confere	ence KY E	nortizoax	Center o	137 ph	Illips	Ln, Lovisvil	e, Ky 40209
Rationale fo	or Attendance	170 1696	hKY AM	ball a dok	tymi	A .A.	r 0.3 da s	a hashambad
Expenses pa	aid by: 🗆 :	SBDM □ PD	□ Spec Ed □ k	ETS 🐧 Other (	MUST Spe	cify) K	e substitut	e bein broomput
Estimated E	xpenses:							
Registrati		ng Me See policy		eage Airfa	1	Substitute 100 per day		Total Est. Expenses
Principal Sig	ntendent App	roval.	$\mathcal{I}^{\infty}$	Grant/	Admin:	7 Requir	ed if Expenses are P	aid by Grant Funds
		ot Approved		/	7-8	1		1/22/25
Reason			Sup	erintendent Sigr	nature			Date
	is section upon I required rece	returning. Including and signature		AVEL EXP	ENSE F	EIMB	URSEMEN	T REQUEST
*** Per Boar		nd 03.225: "Out-o				ted within	thirty (30) days of th	ne travel return date.***
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	d Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MUS	T be submit	ted within Other E	thirty (30) days of ti xpenses	ne travel return date.***
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Employee Name Mil	helly Gues	<b>S</b>		Date :	Submitted	01	122/25	
School/Work Site	10							
School/Work Site Name of Meeting/Confe	AEI	A Coo	n Mta					8
Name of Meeting/Conf Date(s) of Meeting/Conf	forence D3-	06.25	J	Departu	ıre Time	7: 45	Return Tir	ne 4:00pm
Date(s) of Meeting/Con	erence							
Place of Meeting/Confe								
Rationale for Attendanc	e Coop u	PLATES_	Fluere F	7 Oth /8/	ALICT Cnoc			
Expenses paid by:	SBDM L PD	☐ Spec Ed	LI KEIS L	J Otner (IV	iosi spec	y)		
Estimated Expenses:							6.1	F
Registration Lod	פיויכ	eals cy on back*	Mileage \$0.46 per mile	Airfar		ibstitute 00 per day		Total Est. Expenses
Ð		Ð	29.44					29.44
					4	SA	1, 8 <	Kn
Principal Signature:				_ Grant/Ad	amin:	Requir	red if Expenses are Pa	id by Grant Funds
Prior Superintendent Ap				1	CL			1/27/25
ApprovedI			Superinten	Jone Cigns	8 ~~ <			Date
Reason			Superinten	dent Signa				
Submit this section upo	n returning. Incl.	ide any	TRAVE	FXPE	NSE R	EIME	BURSEMEN	TREQUEST
original required rec	eipts and signatu	ires.						
original required rec *** Per Board Policy 03.125	and 03.225: "Out-	ires. of-District Tra				ed within		e travel return date.***
original required rec  *** Per Board Policy 03.125  Date # Miles	eipts and signatu and 03.225: "Out- Charge @ \$.46	of-District Tra Lodgin	vel Reimbursei			<b>Other E</b>	thirty (30) days of th	
*** Per Board Policy 03.125	and 03.225: "Out- Charge @	of-District Tra	vel Reimbursei	ments MUST	be submitte	<b>Other E</b>	thirty (30) days of the expenses	e travel return date.***
*** Per Board Policy 03.125	and 03.225: "Out- Charge @	of-District Tra	vel Reimbursei	ments MUST	be submitte	<b>Other E</b>	thirty (30) days of the expenses	e travel return date.***
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*** Per Board Policy 03.125	and 03.225: "Out- Charge @	of-District Tra	vel Reimbursei	ments MUST	be submitte	<b>Other E</b>	thirty (30) days of the expenses	e travel return date.***
*** Per Board Policy 03.125	and 03.225: "Out- Charge @	of-District Tra	vel Reimbursei	ments MUST	be submitte	<b>Other E</b>	thirty (30) days of the expenses	e travel return date.***
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Date # Miles  Date # Miles	charge @ \$.46	Lodgin	bove statemen	nents MUST	Amoun	ed within Other E	thirty (30) days of the expenses	e travel return date.***  Total
Date # Miles  Date # Miles  Affidavit: I hereby certify themployee of Simpson Councharges qualifying for reimb	Charge @ \$.46  st all expenses include the Schools in the cursement from the	Lodgin Lodgin Luded in the a	bove statemen ficial business;	t were incur	Amoun  Tred by an re proper	ed within Other E	thirty (30) days of the expenses Explanation  imbursement Due	e travel return date.***  Total
Date # Miles  Affidavit: I hereby certify the applying of Simpson Countries.	Charge @ \$.46  st all expenses include the Schools in the cursement from the	Lodgin Lodgin Luded in the a	bove statemen ficial business;	t were incur	Amoun  Tred by an re proper	ed within Other E	thirty (30) days of the expenses Explanation	e travel return date.***  Total
Date # Miles  Date # Miles  Affidavit: I hereby certify themployee of Simpson Councharges qualifying for reimb	Charge @ \$.46  st all expenses include the Schools in the cursement from the	Lodgin Lodgin Luded in the a	bove statemen ficial business; unty Board of Eny knowledge.	t were incur that they are	Amoun  Tred by an re proper	Re Centra	imbursement Duc	e travel return date.***  Total
Date # Miles  Date # Miles  Affidavit: I hereby certify themployee of Simpson Councharges qualifying for reimb	Charge @ \$.46  st all expenses include the Schools in the cursement from the	Lodgin Lodgin Luded in the a	bove statemen ficial business; unty Board of Eny knowledge.	t were incur	Amoun  Tred by an re proper	ed within Other E	imbursement Duc	e travel return date.***  Total
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Employee N	lame Kr	isten Hi	CVS	Date	Submitte	ed 18125	
School/Mor	k Site F	ranklin-Si	mpson H	ighschool			
Name of Me	eeting/Confe	rence Feb	5-8,20	25 KI	MEA C	onference	
Date(s) of N	1eeting/Conf	erence		Depart	ture Time	Wed, 8AM Return Ti	ime <u>Sat COPM</u>
Place of Me	eting/Confer	ence Louis	ille, WY - K	er convent	ion ce	ntur/Galt Hous	
Rationale fo	r Attendance	Student (	participation	, annual n	nusic	ed conference	
Expenses pa	aid by:	SBDM □ PD	□ Spec Ed □	KETS Other (	MUST Spe	cify)0001633-C	58D
Estimated E							
Registration		See policy		leage Airfa		Substitute Other 5100 per day	Total Est. Expenses
	nature: ntendent Ap	/		Grant/ <i>A</i>	\dmin:	Required if Expenses are F	Paid by Grant Funds
		ot Approved		451			1/4/25
			Sup	perintendent Sign	ature		Date
F 4 1 2 5 1 1 2 1 2		Inches a cial ter					
origina	required rec	n returning. Include eipts and signatur		AVEL EXP	ENSE F	REIMBURSEMEN	IT REQUEST
The second second second							
*** Per Boar	d Policy 03.125	and 03.225: "Out-o	-District Travel Re	imbursements MUS	T be submit	ted within thirty (30) days of t	he travel return date.***
Per Board Date	# Miles	and 03.225: "Out-o Charge @ \$.46	-District Travel Re Lodging	imbursements MUS  Meals	T be submit Amou	Other Expenses	he travel return date.*** Total
	# Miles	Charge @ \$.46	SCHOOL STATE	Meals		Other Expenses	Total
	# Miles	Charge @ \$.46	SCHOOL STATE	S 11 0 11 5 A 5		Other Expenses	Total \$182.56
	# Miles	Charge @ \$.46	SCHOOL STATE	Meals		Other Expenses	Total
	# Miles	Charge @ \$.46	SCHOOL STATE	Meals		Other Expenses	Total \$182.56
	# Miles	Charge @ \$.46	SCHOOL STATE	Meals		Other Expenses	Total \$182.56
	# Miles	Charge @ \$.46	SCHOOL STATE	Meals		Other Expenses	Total \$182.56
	# Miles	Charge @ \$.46	SCHOOL STATE	Meals		Other Expenses	Total \$182.56
Date 2/5 2/8	# Miles 136 136	Charge @ \$.46 \$62,56 \$62.56	Lodging  ded in the above s	Meals  \$120	Amou	Other Expenses	182.56 162.56
Date  2/5  2/8  Affidavit: I he employee of charges quality	# Miles  136  136  reby certify tha Simpson Countrying for reimbu	Charge @ \$.46 \$62,56 \$62.56 \$62.56	Lodging  ded in the above s pacity of official books	Meals  \$120  tatement were incurrence incurr	Amou	Other Expenses  nt Explanation	182.56 162.56
Affidavit: I he employee of charges qualidata furnished	# Miles  136  136  reby certify tha Simpson Count fying for reimbut there within is	t all expenses included the structure and correct to the structure of the structure and correct to the	Lodging  ded in the above s pacity of official books	Meals  \$120  tatement were incurrence incurr	Amou	Other Expenses  nt Explanation  Reimbursement Du	182.56 162.56
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Affidavit: I he employee of charges qualidata furnished	# Miles  136  136  136  reby certify tha Simpson Countifying for reimbut there within is the second state of the second state	t all expenses included the structure and correct to the structure of the structure and correct to the	Lodging  ded in the above s pacity of official books	tatement were incur pusiness; that they a pard of Education; al wledge.	Amou	Other Expenses  nt Explanation  Reimbursement Du  Central Office Use:	182.56 162.56

Employee Name Robin Hollingsworth	A Data Submitted	1 13 707.4	
School/Work Site Community Education	UDM	119	
School/Work Site Del Blan VI + Lan 2024	1-2025		
Name of Meeting/Conference 3/25/25 - 3/1/25	Departure Time 1	! 30am Return Time	6:00 pm
Date(s) of Meeting/Conference (S) 25 (1) (2)		0	Ų
Place of Meeting/Conference Washington D.C.  Rationale for Attendance Travel related to a	dudies as	E Director	
Rationale for Attendance IYON ETTE IOU	TOUR CONSTRUCTION	AEC. Air	
Expenses paid by: SBDM PD Spec Ed KETS	WOther (MUS) Specify	Ceranon	
Estimated Expenses:		Oshov To	ital Est. Expenses
Registration Lodging Meals Mileage So.46 per mile	1111010	per day	300.00
Principal Signature:	Grant/Admin:		
Prior Superintendent Approval:	1 -11	Required if Expenses are Paid I	1 / /
V Approved Not Approved	+8M-		6/12/24
ReasonSuperintel	ndent Signature		Date
Submit this section upon returning. Include any original required receipts and signatures.	L EXPENSE RE	MBURSEMENT	REQUEST
1 notice 02 125 and 03 225; "Out-of-District Travel Reimburse	ements MUST be submitted	within thirty (30) days of the to	ravel return date.***
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburse  Charge @	Meals	Attlet expenses	ravel return date.*** Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburse	vieals  Amount	within thirty (30) days of the to other Expenses Explanation	
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburse  Charge @ Lodging	Meals	Attlet expenses	
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburse  Charge @ Lodging	Meals	Attlet expenses	
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburse  Charge @ Lodging	Meals	Attlet expenses	
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburse  Charge @ Lodging	Meals	Attlet expenses	
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburse  Charge @ Lodging	Meals	Attlet expenses	
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburse  Charge @ Lodging	Meals	Attlet expenses	
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburse Charge @ Lodging	Meals	Attlet expenses	
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburse  Charge @ Lodging	Meals	Explanation	
Date # Miles Charge @ Lodging Charge @ Lodging I State of the sale over	Meals Amount  Int were incurred by an	Attlet expenses	
Date # Miles Charge Lodging Lodging S.46  Affidavit: I hereby certify that all expenses included in the above statement employee of Simpson County Schools in the capacity of official business	nt were incurred by an s; that they are proper Education; and that all	Explanation  Reimbursement Due	
Date # Miles Charge @ Lodging Charge @ Lodging I State of the sale over	nt were incurred by an s; that they are proper Education; and that all	Explanation	
Date # Miles Charge Lodging Lodging S.46  Affidavit: I hereby certify that all expenses included in the above statement employee of Simpson County Schools in the capacity of official business	nt were incurred by an s; that they are proper Education; and that all	Explanation  Reimbursement Due	
Date # Miles Charge Lodging Lodging  Affidavit: I hereby certify that all expenses included in the above statement employee of Simpson County Schools in the capacity of official business charges qualifying for reimbursement from the Simpson County Board of data furnished here within is true and correct to the best of my knowledge.	nt were incurred by an s; that they are proper Education; and that all	Explanation  Reimbursement Due	
Date # Miles Charge Lodging Lodging S.46  Affidavit: I hereby certify that all expenses included in the above statement employee of Simpson County Schools in the capacity of official business	nt were incurred by an s; that they are proper Education; and that all	Explanation  Reimbursement Due  Central Office Use:	

Employee Na	ame		$\frac{30500}{5000}$		te Submitted		)
School/Work		MASI	P BO		oord etin		
	eting/Confere	rence 1-16	-		rture Time	2 11 31	ne <u>1:30</u>
							le <u>1, 2 0                                   </u>
Place of Mee	eting/Confere	nce Logi	an Coi	_ ()	Publi	c librar	<u> </u>
Rationale for		t no		300m			
Expenses pai	id by: 🔲 S	BDM PD	□ Spec Ed □ I	(ETS Other	(MUST Specif	VISES FIZ	
Estimated Ex	penses:						
	nature:	See policy	on back* \$0.46	eage Airf per mile Grant/	Admin:	per day	Total Est. Expenses  20.24  d by Grant Funds  U   S   2(  Date
	THE STANDARDS						
		eturning. Includ ots and signature	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN 1	AVEL EXP	ENSE RE	IMBURSEMENT	REQUEST
*** Per Board I	Policy 03.125 an		-District Travel Rei	mbursements MUS		within thirty (30) days of the	travel return date.***
*** Per Board F	Policy 03.125 an	d 03.225: "Out-of Charge @ \$.46	-District Travel Rei	mbursements MUS Meals		within thirty (30) days of the Other Expenses Explanation	travel return date.*** Total
TE RETED	Sept Market Mark	Charge @	AND THE PARTY	LECT. 13-51		Other Expenses	F 15 T/ 12 T/ 18
TE RETED	Sept Market Mark	Charge @	AND THE PARTY	LECT. 13-51		Other Expenses	F 15 T/ 12 T/ 18
TE RETED	Sept Market Mark	Charge @	AND THE PARTY	LECT. 13-51		Other Expenses	F 15 T/ 12 T/ 18
TE RETED	Sept Market Mark	Charge @	AND THE PARTY	LECT. 13-51		Other Expenses	F 15 T/ 12 T/ 18
TE RETED	Sept Market Mark	Charge @	AND THE PARTY	LECT. 13-51		Other Expenses	F 15 T/ 12 T/ 18
TE RETED	Sept Market Mark	Charge @	AND THE PARTY	LECT. 13-51		Other Expenses	F 15 T/ 12 T/ 18
TE RETED	Sept Market Mark	Charge @	AND THE PARTY	LECT. 13-51		Other Expenses	F 15 T/ 12 T/ 18
Affidavit: I herel employee of Sir charges qualifyir	# Miles  by certify that a mpson County Song for reimburse	Charge @ \$.46 \$.46 Il expenses includ Schools in the cap	Lodging  ed in the above states of official buildings on County Boa	Meals  atement were incusiness; that they are of Education; a	Amount  rred by an are proper and that all	Explanation  Explanation  Reimbursement Due	F 15 T/ 12 T/ 18
Affidavit: I herel employee of Sir charges qualifyir	# Miles  by certify that a mpson County Song for reimburse	Charge @ \$.46 \$.46 Il expenses includ Schools in the cap	Lodging  ed in the above sta	Meals  atement were incusiness; that they are of Education; a	Amount  rred by an are proper and that all	Explanation	F 15 T/ 12 T/ 18
Affidavit: I herel employee of Sir charges qualifyir	# Miles  by certify that a mpson County Song for reimbursonere within is true	Charge @ \$.46 \$.46 Il expenses includ Schools in the cap	Lodging  ed in the above states of official buildings on County Boa	Meals  atement were incusiness; that they are of Education; a	Amount  rred by an are proper and that all	Explanation  Explanation  Reimbursement Due	F 15 T/ 12 T/ 18

School/Work Site School/Work Site Name of Meeting/Confer Date(s) of Meeting/Confer Place of Meeting/Confere Rationale for Attendance	ence Leg erence 1 23 ence GR	V	e Recep Depair	rture Time	1-27-25 1:15 Return Ti	me/-30
Expenses paid by:   Estimated Expenses:	SBDM □ PD	□ Spec Ed □ k	ters Li Other	(MOS) Speci	(Y)	
Principal Signature:  Prior Superintendent Appr  Approved No	See policy	on back* \$0.46	Grant/	Admin:	ostitute Other  O per day  Equired if Expenses are Pa	Total Est. Expenses  aid by Grant Funds    27   25  Date
Submit this section upon original required receivers Per Board Policy 03.125 are	pts and signature	es. TR			IMBURSEMEN	
		District Haver Kell	induracimento trios			e traver return date.
Date # Miles	Charge @ \$.46	Lodging	Meals	Amount	Other Expenses  Explanation	Total
Date # Miles		Lodging	Meals			Total
Date # Miles		Lodging	Meals			Total
Date # Miles		Lodging	Meals			Total
Date # Miles		Lodging	Meals			Total
Date # Miles		Lodging	Meals			Total
Date # Miles		Lodging	Meals			Total
Affidavit: I hereby certify that a employee of Simpson County Scharges qualifying for reimburs data furnished here within is true.	\$.46  Ill expenses includ Schools in the capement from the Si	ed in the above sta acity of official bu impson County Boa	itement were incur siness; that they a ird of Education; ar	red by an re proper and that all		
Affidavit: I hereby certify that a employee of Simpson County Scharges qualifying for reimburs	\$.46  Ill expenses includ Schools in the capement from the Si	ed in the above sta acity of official bu impson County Boa	itement were incur siness; that they a ird of Education; ar	rred by an re proper and that all	Reimbursement Due	