

Supervisor Signature

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

CFO Approval

Employee N	ame DAn	Islas	.	Date	e Submitted	Jan. 1	2	
School/Wor	k Site <u>FS</u> 1	<u> 15</u>			D			^
Name of Me	eting/Confere	ence Regio	mal ea	reer C	onter	ence -	- DFC	A
Date(s) of N	leeting/Confe	rence Jan	22nd	Depart	ture Time _	800	Return Time	Lopm_
		nce WKU						
Rationale fo	r Attendance	Co-Cur	ricular	-		1 000	1	
Expenses pa	id by: 🔲 S	BDM DPD I	□ Spec Ed □ H	(ETS Other (I	MUST Specif	y) LOCH		
Estimated E	xpenses:							
Principal Sig Prior Superin Appro Reason	nature:	See policy	on back* \$0.46	eage Airfa per mile Grant/A erintendent Sign	Admin:	Diecett	's Ke	by Grant Funds 1 22 25 Date
			and the second					
		sies and algunium nd 03.225: "Out-of	- District Control	AVEL EXPE		within thirty (30		REQUEST
	required recei	od 03.225: "Out-of Charge @	- District Control		T be submitted	within thirty (30 Other Expenses	0) days of the 1	
*** Per Board	Policy 03.125 at	nd 03.225: "Out-of	-District Travel Rei	imbursements MUS		within thirty (30 Other Expenses		travel return date.***
*** Per Board	Policy 03.125 at	od 03.225: "Out-of Charge @	-District Travel Rei	imbursements MUS	T be submitted	within thirty (30 Other Expenses	0) days of the 1	travel return date.***
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Affidavit: I he employee of charges qualif	# Miles # Wiles reby certify that Simpson County Tying for reimbur	charge @ \$.46 \$.46	Lodging Lodging ded in the above so pacity of official be simpson County Bo	Meals Meals tatement were incursiness; that they apard of Education; a	Amount Amount rred by an are proper nd that all	Other Expenses Expla	nation ement Due	travel return date.***
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Date

Employee Name	Bryan Jo	ones	Date	Submitted	1/22/	25
School/Work Site	FSHS					
Name of Meeting/Confe Date(s) of Meeting/Con	erence FB	LA Region	12 Exec	whire C	ommittee Me	eeting
Date(s) of Meeting/Con	ference2	27 25	Departo	ure Time8	Return	Time 3:00
Place of Meeting/Confe	rence 01	de Ston	e in Bo	wling (Green, KY	
Rationale for Attendance	e Planning	Kegion 2	- FBA Co.	nterence	u/2 studa	35 (officers)
Expenses paid by:	SBDM □ PD □	Spec Ed 🛚 KE	TS 🗹 Other (N	MUST Specify	_ Sub tund	Local
Estimated Expenses:						
Registration Lod Principal Signature:	ging Mea See policy o		r mile		titute Other over day	Total Est. Expenses
Prior Superintendent Ar	proval:		1		Required if Expenses are	Paid by Grant Funds
Approved	Not Approved	<	48	hl		1/22/28
Reason		Super	intendent Signa	ature		Date
Submit this section upo original required rec			VACT EYEC	MOE KEI	INIDONSEINE	NT REQUEST
Per Board Policy 03.125 Date # Miles		A CONTRACTOR OF THE PARTY OF TH			vithin thirty (30) days of ther Expenses Explanation	the travel return date.*** Total
أخاصنا حارميان	and 03.225: "Out-of- Charge @	District Travel Reim	bursements MUST	0	ther Expenses	
أخاصنا حارميان	and 03.225: "Out-of- Charge @	District Travel Reim	bursements MUST	0	ther Expenses	
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	and 03.225: "Out-of- Charge @	District Travel Reim	bursements MUST	0	ther Expenses	
Date # Miles	and 03.225: "Out-of- Charge @ \$.46	Lodging	Meals	Amount	ther Expenses Explanation	Total
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Affidavit: I hereby certify the employee of Simpson Coun charges qualifying for reimb data furnished here within is	charge @ \$.46 st all expenses includity Schools in the capursement from the Si	Lodging Lodging ed in the above state acity of official busingson County Boar	ement were incurriness; that they ard of Education; and	red by an re proper d that all	Reimbursement Dentral Office Use:	Total
Affidavit: I hereby certify the employee of Simpson Coun charges qualifying for reimb	charge @ \$.46 st all expenses includity Schools in the capursement from the Si	Lodging Lodging ed in the above state acity of official busingson County Boar	ement were incurriness; that they ard of Education; and	red by an re proper d that all	Explanation Explanation Reimbursement D	Total

1/		12220
Employee Name KASW KINYM	Date Submitted	1/0/15
School/Work Site Lin Coln E	Tementary School	0) = "1
Name of Meeting/Conference The Four	Dimensions of Te	acher Clarity
Date(s) of Meeting/Conference 10. 19 and	,	Return Time 3 Wom
Place of Meeting/Conference		i la la
	ning Strategies tomm	unication The T 401
Expenses paid by: SBDM PD Spec Ed	☐ KETS ☐ Other (MUST Specify)	11103
Estimated Expenses:		Othor Total Fot Euronese
Registration Lodging Meals See policy on back*	Mileage Airfare Substi \$0.46 per mile \$100 pe	
Principal Signature:	Grant/Admin:	equired if Expenses are Paid by Grant Funds
Prior Superintendent Approval:	1080	1/22/25
Not Approved	28m	1 21 6
Reason	Superintendent Signature	Date
Submit this section upon returning. Include any	TDAME EVDENCE REIN	WHITK YEWIENT RECUEST
original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District Trav Charge @ Lodgin	vel Reimbursements MUST be submitted w	her Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trans	vel Reimbursements MUST be submitted w	ithin thirty (30) days of the travel return date.**
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Date # Miles Charge @ Lodgin S.46 Lodgin	Meals Amount Ote Amount	ithin thirty (30) days of the travel return date.** her Expenses Total
Date # Miles Charge @ Lodgin S.46 Lodgin Affidavit: I hereby certify that all expenses included in the all employee of Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson County Schools charges qualifying for reimbursement from the Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson County Schools in the capacity of the ca	Meals Meals Amount Dove statement were incurred by an ficial business; that they are proper anty Board of Education; and that all	her Expenses Explanation Total Reimbursement Due
Date # Miles Charge @ Lodgin S.46 Lodgin	Meals Meals Amount Dove statement were incurred by an ficial business; that they are proper anty Board of Education; and that all	her Expenses Explanation Total
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Employee Name	nathan (Janiel K	ing Date	Submitte	12-1	8-24	
School/Work Site)			0	
Name of Meeting/Confere	CO 500	Beta 1	Convention				
Date(s) of Meeting/Confe			Depart	ure Time _	9:00 an	Return Ti	me 3200 DAG
Place of Meeting/Confere	1	ing ton,	Ky				
Rationale for Attendance	Comp	sefe in	events				
Expenses paid by:	BDM 🗆 PD 🏻	□ Spec Ed □ K	ETS 12 Other (f	MUST Spec	ify) <u>Bet</u>	a - SH	nd. act.
Estimated Expenses:							fund
Registration Lodgir					u bstitute .00 per day	Other	Total Est. Expenses
400	See policy	on back* \$0.46 p	er mile	2	00 O		680
	61-		Grant/A	dmin			
Principal Signature: Prior Superintendent Appl	roval:		Grant/A	/ /	Required if I	xpenses are Pa	aid by Grant Funds
/	ot Approved				7.1		1/14/25
Reason	X	Supe	erintendent Sign	ature	81/LA		Date
					-		
PERSON THE SWALL SAN THE SAN T	returning Includ	o any					
Submit this section upon original required recei	pts and signature	es. IKA	AVEL EXPE				
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Employee Na	me <u>Caro</u>	lyn Lovel		Date S	Submitted	1/14/2	25	
School/Mark	Sita FSN	45			2			
Name of Me	eting/Confe	rence <u>KCh11</u>	acky Stat	e Junior F	seta u	onver	11101	2014
Date(s) of M	eeting/Confe	erence <u>1/15</u>	-1/17	Departu	re Time	LAM	Return Tim	ie <u>3 PM</u>
Place of Mee	ting/Confer	ence <u>CENT</u>	al Bank	conter	exing	ton,	KY in	
Rationale for	Attendance	chapero	ning stude	ents pairic	ipatin c	in a	cademic	ehrichment
Expenses pai	d by:	SBDM □ PD	□ Spec Ed □ K	ETS	UST Specif	y)	ta	
Estimated Ex	penses:							
Registratio	n Lodg				\$10	ostitute O per day		Total Est. Expenses
Principal Sign Prior Superin Approv Reason	tendent Api	oroval:	Supe	Grant/Ad	Shl	Required	if Expenses are Pai	d by Grant Funds 1/14/25 Date
Submit this	section upor	returning. Inclu ipts and signatu	de any TR	AVEL EXPE	NSE RE	IMBU	RSEMENT	REQUEST
Per Board Date	Policy 03.125	and 03.225: "Out-o				d within this Other Expe	rty (30) days of the	travel return date.*** Total
*** Per Board	Policy 03.125 a	and 03.225: "Out-o	of-District Travel Reli Lodging	mbursements MUST	be submitted	d within this Other Expe	rty (30) days of the enses	travel return date.***
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Date Date	# Miles	nd 03.225: "Out-o	of-District Travel Rej	Meals Meals	Amount	d within thi	rty (30) days of the enses Explanation	Total
Affidavit: I her employee of Scharges qualify data furnished	# Miles # Miles eby certify that timpson Country ting for reimbuthere within is	t all expenses incluy Schools in the correct to	Lodging Lodging Lodging Lodging	Meals Meals atement were incurrusiness; that they are ard of Education; and vieldge.	Amount ed by an e proper if that all	Reimb	rty (30) days of the enses	Total
Date Affidavit: I her employee of Scharges qualify data furnished	# Miles # Miles eby certify that impson Country ing for reimbuthere within is	t all expenses incluy Schools in the correct to	Lodging Lodging Ided in the above stapacity of official but the best of my know	Meals Meals Atement were incurrusiness; that they are ard of Education; and vieldge.	Amount ed by an e proper if that all	Reimb	explanation Dursement Due	Total

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Late Van	in all train	inina Ce	rter		
School/Work Site #200 Name of Meeting/Confe	Prence RTC &	ware &		te	1:00.000
caanating/Conf	erence 4//4-/	8/25	Depa	die in de	_Return Time _ 6:00 pm
Date(s) of Meeting/Com	0 - 0 - 20 -	Ólama.	Louise	Ole KY	
Place of Meeting/Confe	rence Outou	1 the fact	11 0	+:+ +0	
	- Hanting /	HINER TUNG	The was		·
Expenses paid by:	SBDM □ PD □	Spec Ed LIKE	12 Filother	(((O)) Specin()	
Estimated Expenses:	-		re Airf	re Substitute	Other Total Est. Expenses
Registration Lode	ing Vieals Sea policy on		A STATE OF THE PARTY OF THE PAR	5 NOO per day	
					400.00
- 300.	$\overline{\infty}$ 100. $\overline{\alpha}$				
Principal Signature:			Grant/	Admin: Required if E	penses are Paid by Grant Funds
Prior Superintendent Ap	proval:		4		1/22/25
Approved	lot Approved	Super	intendent Sig	ature	Date
Reason		Super	interior in org		
*** Per Board Policy 03.125	and 03.225: "Out-of-D	TRA	VEL EXP	NSE REIMBURS The submitted within thirty (SEMENT REQUEST 30) days of the travel return date.*** Total
Date # Miles	Charge @ \$.46	Lodging	Meals		anation
				Reimbur	sement Due
Affidavit: I hereby certify tha employee of Simpson Count	t all expenses included	in the above state	ement were incuners; that they	red by all	
employee of Simpson Count	y Julious in the Sim	nson County Board	d of Education; a	nd that all Central Offic	e Use:
charges qualifying for reimbu	true and correct to the	pest of thy known	6-		
/ SOUTH VI	MIL		Date	Coding	
			: 1316		
Employee signature	(14		Date		
Employee pignature "	(La		Date	CFO Approva	1

	17 to
Employee Name Michele Moheron Date Submit	ted 01 09 800.5
School/Work Site	
Name of Meeting/Conference New Teacher Firstitute	Spring Conference
	3º 50m Return Time 5th - 6pm
Place of Meeting/Conference MOISONVILLE Community	College
Rationale for Attendance Manadery	
Expenses paid by: SBDM PD Spec Ed KETS Stother (MUST S	pecify)LOCAL
Estimated Expenses: 169.2miles	
Registration Lodging Meals Mileage Airfare See policy on back* \$0.46 per mile	Substitute Other Total Est. Expenses
- \$200 \$80 \$7783 - \$	200 - 357.83
Principal Signature: Grant/Admin:	Brecitts Kell
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Fynds
ApprovedNetApproved	W 1/14/25
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 subm	Other Expenses
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be subm	Other Expenses Total
Per Board Policy 03:125 and 03:225: "Out-of-District Travel Reimbursements MUST be subm	Other Expenses
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Date # Miles Charge Lodging Meals Amo	Other Expenses Fount Explanation Reimbursement Due
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Date # Miles Charge @ Lodging Meals Amo Lodging Meals Amo Affidavit: I hereby certify that all expenses included in the above statement were incurred by are employee of Simpson County Schools in the capacity of official business; that they are prope charges qualifying for reimbursement from the Simpson County Board of Education; and that all	Other Expenses Fount Explanation Reimbursement Due
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.00 .1	John	
Employee Name Melanie Valone	Date Submitted 1/8/24	
School/Work Site Lincoln Elementary		
Name of Meeting/Conference KMEA Profession	nal Development Conterence	
	, 2025 Departure Time lam Return Time 4pm	
	national Convention Center-Louisville, FY	
Rationale for Attendance Ottending clinics	and performances to gain knowledge and skil	S for
The second by Grant Don Grant I	KETS Other (MUST Specify) Title I 1Q	
Estimated Expenses: SBDIVI PD Spec Ed L		
Registration Lodging Meals N	/lileage Airfare Substitute Other Total Est. Exp 46 per mile \$100 per day	enses
	04.88 — \$300 — \$883.2	
Principal Signature: FOWE Tars	Title II Miles	11_
Principal Signature: 4.044 Yaws Prior Superintendent Approval:	Grant/Admin: 110 Required if Expenses are Paid by Grant Fun	ds
Approved Not Approved		
	uperintendent Signature D	ate
Submit this section upon returning, Include any	RAVEL EXPENSE REIMBURSEMENT REQUI	ST
Oliginal reduited receipts and signatures.	Will be but blick them boundaring the way	
*** Per Board Policy 03 125 and 03.225: "Out-of-District Travel	Reimbursements MUST be submitted within thirty (30) days of the travel return (ate.***
Charge @	Reimbursements MUST be submitted within thirty (30) days of the travel return of Other Expenses	ate.***
		ate.***
Date # Miles Charge @ Lodging	Other Expenses Total	ate.***
Date # Miles Charge @ Lodging	Other Expenses Total	ate.***
Date # Miles Charge @ Lodging	Other Expenses Total	ate.***
Date # Miles Charge @ Lodging	Other Expenses Total	ate.***
Date # Miles Charge @ Lodging	Other Expenses Total	ate.***
Date # Miles Charge @ Lodging	Other Expenses Total	ate.***
Date # Miles Charge @ Lodging	Other Expenses Total	ate.***
Date # Miles Charge @ Lodging	Other Expenses Total	ate.***
Date # Miles Charge @ Lodging \$.46 Lodging Affidavit: I hereby certify that all expenses included in the above	Meals Amount Explanation Total Amount Explanation Statement were incurred by an Reimbursement Due	ate.***
Date # Miles \$.46 Lodging Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official	Meals Amount Explanation Total Amount Explanation Statement were incurred by an business; that they are proper	ate.***
Date # Miles \$.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 data furnished here within is true and correct to the best of my known to the structure of the structure of the second county data furnished here within is true and correct to the best of my known to the structure of the second county data furnished here within is true and correct to the best of my known to the second county data furnished here within is true and correct to the best of my known to the second county data furnished here within is true and correct to the best of my known to the second county data furnished here within its true and correct to the best of my known to the second county data furnished here within its true and correct to the best of my known to the second county data furnished here within its true and correct to the best of my known to the second county data furnished here within its true and correct to the best of my known to the second county data furnished here within its true and correct to the best of my known to the second county data furnished here within its true and correct to the best of my known to the second county data furnished here within its true and correct to the best of my known to the second county data furnished here within its true and correct to the best of my known to the second county data furnished here within the second county data furnished here.	Meals Amount Explanation Total Statement were incurred by an business; that they are proper Board of Education; and that all	ate.***
Date # Miles \$.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 data furnished here within is true and correct to the best of my known to the structure of the structure of the second county data furnished here within is true and correct to the best of my known to the structure of the second county data furnished here within is true and correct to the best of my known to the second county data furnished here within is true and correct to the best of my known to the second county data furnished here within is true and correct to the best of my known to the second county data furnished here within its true and correct to the best of my known to the second county data furnished here within its true and correct to the best of my known to the second county data furnished here within its true and correct to the best of my known to the second county data furnished here within its true and correct to the best of my known to the second county data furnished here within its true and correct to the best of my known to the second county data furnished here within its true and correct to the best of my known to the second county data furnished here within its true and correct to the best of my known to the second county data furnished here within its true and correct to the best of my known to the second county data furnished here within the second county data furnished here.	Meals Amount Explanation Total Statement were incurred by an business; that they are proper Board of Education; and that all	ate.***
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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 data furnished here within is true and correct to the best of my known and the state of the best of my known and the state of the best of the best of my known and the state of the best of the best of my known and the state of the best of the best of the best of the state of the state of the best of the best of the state of the state of the best of the best of the best of the state of the best of the best of the best of the state of the best of the best of the best of the best of the state of the best of t	Meals Amount Explanation Total Statement were incurred by an business; that they are proper Board of Education; and that all lowledge. Central Office Use:	ate.***

Active in the rest of the distribution of the contract of the	
Parka Miller Welch Date Submitt	ted
WOLMUNG COLOR	
Name of Meeting/Conference R/C Scriptor	Return Time 6:00 pm
Satisfy Conference 4/14-18/25 Departure	Neturn Time
Town Plana Louisville +	ζ γ
Rationale for Attendance blooting / presenting the Institus Responsed Tikets Wother (MUST Sp.	to
Rationale for Attendance Algorithm PD Spec Ed KETS Other (MUST Spe	ecify)
Expenses paid by: SBDM DPD DSpec Ed DREIS DOWN	
Estimated Expenses: Meals Mileage Airfare	Substitute Other Total Est. Expenses
Registration Lodging Meals Mileage Afrare	5100 per day
	400.00
- 300.00 100.00	
Principal Signature:Grant/Admin:	Required if Expenses are Paid by Grant Funds
Prior Superintendent Approval:	1/22/25
Approved Not Approved Superintendent Signature	Date
ReasonSuperintendent signature	
TRAVEL EXPENSE I TRAVEL EXPENSE I Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submi	REIMBURSEMENT REQUEST tted within thirty (30) days of the travel returndate.***
Charge @ Lodging Meals Amou	
Date # Miles \$.46 Lodging Message Amou	
	Reimbursement Due
Affidavit: I hereby certify that all expenses included in the above statement were incurred by an	
employee of Simpson County Schools from the Simpson County Board of Education; and that all	
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 of Simpson County Schools in the Simpson County Board of Education; and that all charges qualifying for reimbursement from the Simpson County Board of Education; and that all charges qualifying for reimbursement from the Simpson County Board of Education; and that all charges qualifying for reimbursement from the Simpson County Board of Education; and that all charges qualifying for reimbursement from the Simpson County Board of Education; and that all charges qualifying for reimbursement from the Simpson County Board of Education; and that all charges qualifying for reimbursement from the Simpson County Board of Education; and that all charges qualifying for reimbursement from the Simpson County Board of Education; and that all charges qualifying for reimbursement from the Simpson County Board of Education; and that all charges qualifying for reimbursement from the Simpson County Board of Education; and that all charges qualifying for reimbursement from the Simpson County Board of Education; and that all charges qualifying for reimbursement from the Simpson County Board of Education; and that all charges qualifying for reimbursement from the Simpson County Board of Education; and the support of the Simpson County Board of Education; and the S	
employee of Simpson County Schools from the Simpson County Board of Education; and that all	Central Office Use:
employee of Simpson County Schools in the Simpson County Board of Education; and that all charges qualifying for reimbursement from the Simpson County Board of Education; and that all charges qualifying for reimbursement from the Simpson County Board of Education; and that all charges qualifying for reimbursement from the Simpson County Board of Education; and that all charges qualifying for reimbursement from the Simpson County Board of Education; and that all charges qualifying for reimbursement from the Simpson County Board of Education; and that all charges qualifying for reimbursement from the Simpson County Board of Education; and that all charges qualifying for reimbursement from the Simpson County Board of Education; and that all charges qualifying for reimbursement from the Simpson County Board of Education; and that all charges qualifying for reimbursement from the Simpson County Board of Education; and that all charges qualifying for reimbursement from the Simpson County Board of Education; and that all charges qualifying for reimbursement from the Simpson County Board of Education; and that all charges qualifying for reimbursement from the Simpson County Board of Education; and the Simpson County B	Central Office Use:

Employee Name	thRick	nardson	n Date	e Submitted	1/23/	2025	
School/Work Site		Office					
Name of Meeting/Conferer	nce KI		mer Fr	eair	9(0)		11:27
Date(s) of Meeting/Conference	ence 1/2	9/2020			9:00 mR	eturn Time	<u>Mapon</u>
Place of Meeting/Conferen	ce WK	UKnice	ely co	rter		- / \	
Rationale for Attendance _	Iruni	3 to	2025	sunn	ner te	eour	7
Expenses paid by:	DM DPD [☐ Spec Ed ☐ K	ETS Cther (MUST Spec	ify) Food.	24か	
Estimated Expenses:							
Principal Signature: Prior Superintendent Appro	See policy			\$1	oo per day Required if Expen		by Grant Funds
Approved Not				N/V	<u> </u>		1/01/05
Reason		Supe	erinten dent Si gr	nature			Date
The second secon	The second secon	O DINIC					
Submit this section upon re original required receipt *** Per Board Policy 03.125 and Date # Miles	ts and signature	es.	AVEL EXPI nbursements MUS Meals		ed within thirty (30) Other Expenses	days of the t	
*** Per Board Policy 03.125 and	ts and signature 103.225: "Out-of Charge @	es. KV	nbursements MUS	T be submitte	ed within thirty (30) Other Expenses	days of the t	ravel return date.***
*** Per Board Policy 03.125 and	ts and signature 103.225: "Out-of Charge @	es. KV	nbursements MUS	T be submitte	ed within thirty (30) Other Expenses	days of the t	ravel return date.***
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original required receipt *** Per Board Policy 03.125 and	ts and signature 103.225: "Out-of Charge @	es. KV	nbursements MUS	T be submitte	ed within thirty (30) Other Expenses	days of the t	ravel return date.***
original required receipt *** Per Board Policy 03.125 and	ts and signature 103.225: "Out-of Charge @	es. KV	nbursements MUS	T be submitte	ed within thirty (30) Other Expenses	days of the t	ravel return date.***
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original required receipt *** Per Board Policy 03.125 and	ts and signature 103.225: "Out-of Charge @	es. KV	nbursements MUS	T be submitte	ed within thirty (30) Other Expenses	days of the t	ravel return date.***
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original required receipt *** Per Board Policy 03.125 and	ts and signature 103.225: "Out-of Charge @ \$.46 Il expenses include chools in the capement from the S	Lodging Lodging led in the above state of official but impson County Boatings	Meals Meals atement were incursiness; that they are of Education; a	Amoun Amoun rred by an are proper	ed within thirty (30) Other Expenses	ation	ravel return date.***
*** Per Board Policy 03.125 and Date # Miles Affidavit: I hereby certify that al employee of Simpson County Scharges qualifying for reimburse	ts and signature 103.225: "Out-of Charge @ \$.46 Il expenses include chools in the capement from the S	Lodging Lodging led in the above state of official but impson County Boatings	Meals Meals atement were incursiness; that they are of Education; a	Amoun Amoun rred by an are proper	Other Expenses t Explant Reimburser	ation	ravel return date.***
*** Per Board Policy 03.125 and Date # Miles Affidavit: I hereby certify that al employee of Simpson County Scharges qualifying for reimburse	ts and signature 103.225: "Out-of Charge @ \$.46 Il expenses include chools in the capement from the S	Lodging Lodging led in the above state of official but impson County Boatings	Meals Meals atement were incursiness; that they are of Education; a	Amoun Amoun rred by an are proper	Other Expenses t Explant Reimburser	ation	ravel return date.***

Employee P	Name Julie	D. Traughber		Dat	e Submitte	ed Januar	y 21, 2025	
School/Wo	rk SiteCen	itral Office						
	eeting/Confer		al Coop Purcha	sing through A	EPA			
Date(s) of N	Meeting/Confe	rence Mar	ch 6, 2025	Depai	ture Time	7:30 am	Return T	Time 4:15 pm
	eeting/Confere	ence	C - 230 Technolo			KY		
Rationale fo	or Attendance	Networ	k with approve	d AEPA vendor	partners			
Expenses pa	aid by: 🗆 S	SBDM □ PD	□ Spec Ed □	KETS 🛛 Other	(MUST Spe	cify) <u>0011</u>	080-0580	
Estimated E	xpenses:							
Registrati	on Lodgii			leage Airf per mile		Substitute \$100 per day	Other	Total Est. Expenses
FREE	N/A	Ir	scl. \$29.62 or dis	2 trict van		N/A	N/A	\$29.62 max.
Principal Sig	gnature:	Pull SR	ear	Grant/	Admin:			
	intendent App	roval:			1-	Required	if Expenses are	Paid by Grant Funds
Appro	ovedNo	ot Approved			18	rl		1-23-25
Reason			Sup	erintendent Sig	nature			Date
*** Per Boar	d Policy 03.125 a	nd 03.225: "Out-o	res. of-District Travel Re	imbursements MU	ST be submit	ted within thi	ty (30) days of	the travel return date.***
Per Boar Date	d Policy 03.125 a	nd 03.225: "Out-o Charge @ \$.46	HMEDINGK STORM?	imbursements MU: Meals	ST be submit	Other Expe		the travel return date.*** Total
	F July 1 X	Charge @	of-District Travel Re	Established		Other Expe	nses	20 10 11 11 11 11 11
	F July 1 X	Charge @	of-District Travel Re	Established		Other Expe	nses	20 10 11 11 11 11 11
	F July 1 X	Charge @	of-District Travel Re	Established		Other Expe	nses	20 10 11 11 11 11 11
	F July 1 X	Charge @	of-District Travel Re	Established		Other Expe	nses	20 10 11 11 11 11 11
	F July 1 X	Charge @	of-District Travel Re	Established		Other Expe	nses	20 10 11 11 11 11 11
	F July 1 X	Charge @	of-District Travel Re	Established		Other Expe	nses	20 10 11 11 11 11 11
	F July 1 X	Charge @	of-District Travel Re	Established		Other Expe	nses	20 10 11 11 11 11 11
Date	# Miles	Charge @ \$.46	of-District Travel Re Lodging	Meals	Amou	Other Expe	nses Explanation	Total
Date Affidavit: I he employee of	# Miles ereby certify that Simpson County	Charge @ \$.46 all expenses inclu Schools in the ca	Lodging Lodging ded in the above sapacity of official by	Meals tatement were incursiness; that they	Amou	Other Expe	nses	Total
Affidavit: I he employee of charges quali	# Miles ereby certify that Simpson County fying for reimbur	Charge @ \$.46 all expenses inclu Schools in the consequent from the	Lodging Lodging	Meals tatement were incusiness; that they pard of Education; a	Amou	Other Expe	eursement D	Total
Affidavit: I he employee of charges quali data furnishe	# Miles ereby certify that Simpson County fying for reimburd d here within is tr	charge @ \$.46 \$.46 all expenses inclusions Schools in the conservation of the conserva	Lodging Lodging ded in the above sapacity of official b	Meals tatement were incusiness; that they pard of Education; a	Amou	Other Expendent E	explanation oursement Defice Use:	Total
Affidavit: I he employee of charges quali data furnishe	# Miles ereby certify that Simpson County fying for reimburd d here within is tr	charge @ \$.46 \$.46 all expenses inclusions Schools in the conservation of the conserva	Lodging Lodging ded in the above sapacity of official b	Meals tatement were incusiness; that they pard of Education; a	Amou	Other Expe	explanation oursement Defice Use:	Total
Affidavit: I he employee of charges quali data furnishe	# Miles ereby certify that Simpson County fying for reimbur	charge @ \$.46 \$.46 all expenses inclusions Schools in the conservation of the conserva	Lodging Lodging ded in the above sapacity of official b	tatement were incursiness; that they pard of Education; a wledge.	Amou	Reimb	explanation oursement Defice Use:	Total

Employee Na	ame Leah W	/ood		Dat	e Submitte	d	21-25	
		in-Simpson H	igh School					
Name of Me	eting/Confer	ence KWEL						
Date(s) of M	eeting/Confe	rence 1.22-1	.23	Depar	ture Time	6:00am	Return Tii	me <u>6:00pm</u>
			Plaza Lousiville					
Rationale fo	r Attendance	Kentucky Wo	men Leadershi	ip Developmer	nt			
Expenses pa	id by: \square S	SBDM □ PD	□ Spec Ed □ K	ETS Other	(MUST Spe	ify) <u>10</u>		
Estimated Ex	rpenses:							
Registratio	n Lodgi			eage Airfa per mile		ubstitute 100 per day	Other	Total Est. Expenses
		80	118.68	8		,		198.68
Principal Sign	nature:			Grant/	Admin:	Palla	South	1
-	ntendent App				10	Required i	f Expenses are Pa	aid by Grant Funds
Approv	vedNo	ot Approved			She	8		1/22/22
Reason			Supe	erintendent Sig	nature			Date
		returning. Inclu		AVEL EXP	ENSE R	FIMBU	RSFMFN	T REQUEST
The second second		ipts and signatu nd 03.225: "Out-o						e travel return date.***
The second second		ALCOHOL STATE OF THE PARTY OF T				ed within thir Other Expe	ty (30) days of th	
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	f-District Travel Rei	mbursements MU:	ST be submitt	ed within thir Other Expe	ty (30) days of th	e travel return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	f-District Travel Rei	mbursements MU:	ST be submitt	ed within thir Other Expe	ty (30) days of th	e travel return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	f-District Travel Rei	mbursements MU:	ST be submitt	ed within thir Other Expe	ty (30) days of th	e travel return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	f-District Travel Rei	mbursements MU:	ST be submitt	ed within thir Other Expe	ty (30) days of th	e travel return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	f-District Travel Rei	mbursements MU:	ST be submitt	ed within thir Other Expe	ty (30) days of th	e travel return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	f-District Travel Rei	mbursements MU:	ST be submitt	ed within thir Other Expe	ty (30) days of th	e travel return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	f-District Travel Rei	mbursements MU:	ST be submitt	ed within thir Other Expe	ty (30) days of th	e travel return date.***
*** Per Board Date	# Miles	nd 03.225: "Out-o	f-District Travel Rei	Meals	Amour	ed within thir	ty (30) days of th	Total
*** Per Board Date Affidavit: I her	# Miles	Charge @ \$.46	Lodging Lodging ded in the above st	Meals Meals atement were incu	Amour	ed within thir	ty (30) days of th	Total
*** Per Board Date Affidavit: I her employee of Scharges qualifi	# Miles # Miles reby certify that Simpson County ying for reimbur	charge @ \$.46 shade all expenses inclusions in the consequent from the	f-District Travel Rei	Meals Meals atement were incursiness; that they ard of Education; a	Amour Amour	ed within thir	ty (30) days of the nses xplanation ursement Due	Total
*** Per Board Date Affidavit: I her employee of Scharges qualifi	# Miles # Miles reby certify that Simpson County ying for reimbur	charge @ \$.46 shade all expenses inclusions in the consequent 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	ed within third Other Experist E Reimb	ty (30) days of the nses xplanation ursement Due	Total
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Employee Name
Name of Meeting/Conference
Name of Meeting/Conference Viv-18 25 Departure Time S:00 Return Time G:00 Departure Time S:00 Departure Time S:00 Departure Time G:00 Departure Time Given Tim
Place of Meeting/Conference Place of Meeting/Conference Place P
Place of Meeting/Conference
Rationale for Attendance Doctor Description Descript
Estimated Expenses: Registration Lodging Meals Sides permite Substitute Other Total Est, Expenses Sides permite S
Registration Lodging Weals Sea polity on back St. 45 per mile S100 per day Principal Signature:
Principal Signature: Prior Superintendent Approval: Approved Not Approved Reason Sile permite
Principal Signature: Prior Superintendent Approval: Approved Not Approved Required if Expenses are Paid by Grant Funds Not Approved Not Approved Superintendent Signature Date
Principal Signature:
Prior Superintendent Approval: Approved Not Approved Reason Superintendent Signature Date
ReasonSuperintendent Signature
Reason
THE DELACATION OF THE PROPERTY
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." Other Expenses
Date # Miles S.46 Lodging Meals Amount Explanation
Reimbursement Due
Affidavit: I hereby certify that all expenses included in the above statement were incurred by an Affidavit: I hereby certify that all expenses included in the above statement were incurred by an Affidavit: I hereby certify that all expenses included in the above statement were incurred by an Affidavit: I hereby certify that all expenses included in the above statement were incurred by an Affidavit: I hereby certify that all expenses included in the above statement were incurred by an Affidavit: I hereby certify that all expenses included in the above statement were incurred by an Affidavit: I hereby certify that all expenses included in the above statement were incurred by an Affidavit: I hereby certify that all expenses included in the above statement were incurred by an Affidavit: I hereby certify that all expenses included in the above statement were incurred by an Affidavit: I hereby certify that all expenses included in the above statement were incurred by an Affidavit: I hereby certify that all expenses included in the above statement were incurred by an Affidavit: I hereby certify that all expenses included in the above statement were incurred by an Affidavit: I hereby certify that all expenses included in the above statement were incurred by an Affidavit: I hereby certification in the capacity of official business; that they are proper employee of Simpson County Board of Education; and that all charges a capacity of the above statement were incurred by an Affidavit: I hereby certification in the capacity of official business; that they are proper employee of Simpson County Board of Education; and that all charges a capacity of the above statement were incurred by an Affidavit in the capacity of official business; that they are proper employee of Simpson County Board of Education; and that all charges a capacity of the above statement were incurred by an Affidavit in the capacity of official business; that they are proper employee of Simpson County Board of Education; and the Affidavit in the above stat
Andel Whiste
Date Coding
Employee signature
Date CFO Approval