Submit to Principal and SBDM Approval
Complete All Items on Top Half of Form
Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS
OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name DeAna Islas Date Submitted Jan. 12

School/Work Site FSHS

Name of Meeting/Conference Regional Career Conference - DECA

Date(s) of Meeting/Conference Jan 22nd Departure Time 800 Return Time 6pm

Place of Meeting/Conference WKU

Rationale for Attendance Co-Curricular

Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☑ Other (MUST Specify) LOCAL

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage $0.46 per mile	Airfare	Substitute $100 per day	Other	Total Est. Expenses
$50							

Principal Signature: [signature] Grant/Admin: Brigitte Kilburn
Required if Expenses are Paid by Grant Funds

Prior Superintendent Approval:

✓ Approved ____ Not Approved...

Reason

[signature] 1/21/25
Superintendent Signature Date

Submit this section with reimbursement. Include all original required receipts and signatures.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

***** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.*****

Date	# Miles	Charge @ $.46	Lodging	Meals	Other Expenses Amount	Other Expenses Explanation	Total

Reimbursement Due

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Central Office Use:

DeAna Islas
Employee Signature Date

Coding

Supervisor Signature Date

CFO Approval

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: Bryan Jones Date Submitted: 1/22/25

School/Work Site: FSHS

Name of Meeting/Conference: FBLA Region 2 Executive Committee Meeting

Date(s) of Meeting/Conference: 2/7/25 Departure Time: 8:00 Return Time: 3:00

Place of Meeting/Conference: Olde Stone in Bowling Green, KY

Rationale for Attendance: Planning Region 2 FBA Conference w/ 2 students (officers)

Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☑ Other (MUST Specify) Sub Fund Local

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage $0.46 per mile	Airfare	Substitute $100 per day	Other	Total Est. Expenses
—	—	—	—	—	$100	—	$100

Principal Signature: [signature] Grant/Admin: _____

Required if Expenses are Paid by Grant Funds

Prior Superintendent Approval:

____ Approved ____ Not Approved...

Reason _____

[signature] 1/22/25

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 Amount	Other Expenses Explanation	Total
						Reimbursement Due	

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Employee Signature Date

Supervisor Signature Date

Central Office Use:

Coding

CFO Approval

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: Kasey Kenyon Date Submitted: 1/23/25

School/Work Site: Lincoln Elementary School

Name of Meeting/Conference: The Four Dimensions of Teacher Clarity

Date(s) of Meeting/Conference: Feb. 19 and 20, 2025 Departure Time: 8:00am Return Time: 3:00pm

Place of Meeting/Conference: GRREC

Rationale for Attendance: explicit learning strategies to improve teacher to student communication

Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☑ Other (MUST Specify) Title II 401

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage $0.46 per mile	Airfare	Substitute $100 per day	Other	Total Est. Expenses
					200.00		200.00

Principal Signature: Joyce Pais Grant/Admin: [signature] Required if Expenses are Paid by Grant Funds

Prior Superintendent Approval:

✓ Approved ____ Not Approved...

Reason ____

[signature] 1/27/25

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 Amount	Other Expenses Explanation	Total
						Reimbursement Due	

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Kasey Kenyon 1/23/25

Employee Signature Date

Supervisor Signature Date

Central Office Use:

Coding

CFO Approval

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 Jonathan Daniel King Date Submitted 12-18-24

School/Work Site FSHS

Name of Meeting/Conference State Beta Convention

Date(s) of Meeting/Conference 01-12 thru 01-14 Departure Time 9:00 am Return Time 3:00 pm

Place of Meeting/Conference Lexington, Ky

Rationale for Attendance Compete in events

Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Beta - Stud. act. fund

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage $0.46 per mile	Airfare	Substitute $100 per day	Other	Total Est. Expenses
	400	80			200		680

Principal Signature: _____ Grant/Admin: _____

Required if Expenses are Paid by Grant Funds

Prior Superintendent Approval:

____ Approved ____ Not Approved...

Reason _____

Superintendent Signature _____ Date 1/14/25

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 Amount	Other Expenses Explanation	Total

Reimbursement Due _____

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Employee Signature _____ Date 12/19/24

Supervisor Signature _____ Date

Central Office Use:

Coding

CFO Approval

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 Carolyn Lovell Date Submitted 1/14/25

School/Work Site FSMS

Name of Meeting/Conference Kentucky State Junior Beta Convention

Date(s) of Meeting/Conference 1/15-1/17 Departure Time 7AM Return Time 3PM

Place of Meeting/Conference Central Bank Center | Lexington, KY

Rationale for Attendance chaperoning students participating in academic enrichment

Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) Beta

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage $0.46 per mile	Airfare	Substitute $100 per day	Other	Total Est. Expenses
			346 x 0.46 $159.16		$300		$459.16

Principal Signature: [signature] Grant/Admin: _____

Required if Expenses are Paid by Grant Funds

Prior Superintendent Approval:

✓ Approved ___ Not Approved...

Reason _____

[signature] 1/14/25

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 Amount	Other Expenses Explanation	Total
						Reimbursement Due	

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Employee Signature Date

Supervisor Signature Date

Central Office Use:

Coding

CFO Approval

SIMPSON COUNTY SCHOOLS
OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name April McNaughton Date Submitted _____

School/Work Site Regional Training Center

Name of Meeting/Conference KTC Summer Institute

Date(s) of Meeting/Conference 6/16-18/25 Departure Time 8:00 Return Time 6:00 pm

Place of Meeting/Conference Crowne Plaza, Louisville, KY

Rationale for Attendance Hosting/presenting the Institute

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
—	300.00	100.00					400.00

Principal Signature: _____ Grant/Admin: _____ Required if Expenses are Paid by Grant Funds

Prior Superintendent Approval:

✓ Approved ____ Not Approved...

Reason _____

Superintendent Signature 1/22/25 Date

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

Date	# Miles	Charge @ $.46	Lodging	Meals	Other Expenses Amount	Other Expenses Explanation	Total
						Reimbursement Due	

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Central Office Use:

Employee Signature _____ Date _____

Coding _____

Supervisor Signature _____ Date _____

CFO Approval _____

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: Michelle McPherson Date Submitted: 01/09/2025

School/Work Site: FSHS CTE

Name of Meeting/Conference: New Teacher Institute Spring Conference

Date(s) of Meeting/Conference: March 4-5 Departure Time: 3rd 5pm Return Time: 5th - 6pm

Place of Meeting/Conference: McAlisonville Community College

Rationale for Attendance: mandatory

Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☑ Other (MUST Specify) LOCAL

Estimated Expenses: 169.2 miles

Registration	Lodging	Meals See policy on back*	Mileage $0.46 per mile	Airfare	Substitute $100 per day	Other	Total Est. Expenses
—	$200	$80	$77.83	—	$200	—	$557.83

Principal Signature: [signature] Grant/Admin: [signature] Required if Expenses are Paid by Grant Funds

Prior Superintendent Approval:

____ Approved ____ Not Approved...

Reason _____

[signature] 1/14/25

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 Amount	Other Expenses Explanation	Total
						Reimbursement Due	

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Michelle McPherson

Employee Signature Date

[signature] 1/9/25

Supervisor Signature Date

Central Office Use:

Coding

CFO Approval

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 Melanie Valone Date Submitted 1/8/24

School/Work Site Lincoln Elementary

Name of Meeting/Conference KMEA Professional Development Conference

Date(s) of Meeting/Conference February 5-8, 2025 Departure Time 11am Return Time 4pm

Place of Meeting/Conference Kentucky International Convention Center- Louisville, KY

Rationale for Attendance attending clinics and performances to gain knowledge and skills for more effective teaching

Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☑ Other (MUST Specify) Title II TQ

Estimated Expenses: ~700 total will be splitting w/ teachers in Hart Co + Barren Co

Registration	Lodging	Meals See policy on back*	Mileage $0.46 per mile	Airfare	Substitute $100 per day	Other	Total Est. Expenses
$125	~$233.33	$120	$104.88	—	$300	—	$883.21

Principal Signature: Joyce Pass Grant/Admin: Title II Julie Smith
Required if Expenses are Paid by Grant Funds

Prior Superintendent Approval:

____ 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 Amount	Other Expenses Explanation	Total
						Reimbursement Due	

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Melanie Valone 1/8/24
Employee Signature Date

Supervisor Signature Date

Central Office Use:

Coding

CFO Approval

SIMPSON COUNTY SCHOOLS
OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Laura Miller-Welch Date Submitted _____

School/Work Site Regional Training Center

Name of Meeting/Conference KTC Summer Institute

Date(s) of Meeting/Conference 6/16-18/25 Departure Time 8:00 Return Time 6:00 pm

Place of Meeting/Conference Crowne Plaza, Louisville, KY

Rationale for Attendance Hosting/presenting the Institute

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
–	300.00	100.00					400.00

Principal Signature: [signature] Grant/Admin: _____

Required if Expenses are Paid by Grant Funds

Prior Superintendent Approval:

✓ Approved ____ Not Approved...

Reason _____

[signature] 1/22/25

Superintendent Signature Date

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

Date	# Miles	Charge @ $.46	Lodging	Meals	Other Expenses Amount	Other Expenses Explanation	Total
						Reimbursement Due	

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Central Office Use:

[signature] _____ Coding

Employee Signature Date

[signature] _____ CFO Approval

Supervisor Signature Date

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 Sarah Richardson Date Submitted 1/23/2025

School/Work Site Central Office

Name of Meeting/Conference KDE Summer Feeding

Date(s) of Meeting/Conference 1/29/2025 Departure Time 8:00 am Return Time 4:00 pm

Place of Meeting/Conference WKU Knicely Center

Rationale for Attendance Training for 2025 summer feeding

Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Food Service

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: Sarah Richardson Grant/Admin: _____

Required if Expenses are Paid by Grant Funds

Prior Superintendent Approval:

____ Approved ____ Not Approved...

Reason _____

Superintendent Signature 1/27/25 Date

Submit this section upon returning. Include any original required receipts and signatures.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

Date	# Miles	Charge @ $.46	Lodging	Meals	Other Expenses Amount	Other Expenses Explanation	Total

Reimbursement Due

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Employee Signature Date

Supervisor Signature Date

Central Office Use:

Coding

CFO Approval

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: Julie D. Traughber Date Submitted: January 21, 2025

School/Work Site: Central Office

Name of Meeting/Conference: Annual Coop Purchasing through AEPA

Date(s) of Meeting/Conference: March 6, 2025 Departure Time: 7:30 am Return Time: 4:15 pm

Place of Meeting/Conference: GRREC - 230 Technology Way, Bowling Green, KY

Rationale for Attendance: Network with approved AEPA vendor partners

Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) 0011080-0580

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage $0.46 per mile	Airfare	Substitute $100 per day	Other	Total Est. Expenses
FREE	N/A	Incl.	$29.62 or district van	N/A	N/A	N/A	$29.62 max.

Principal Signature: [signature] Grant/Admin:

Prior Superintendent Approval:

✓ Approved ____ Not Approved...

Reason

Required if Expenses are Paid by Grant Funds

[signature] 1-23-25

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	
						Reimbursement Due	

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Julie D. Traughber

Employee Signature Date

Supervisor Signature Date

Central Office Use:

0011080-0580

Coding

CFO Approval

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 Leah Wood Date Submitted 1-21-25

School/Work Site Franklin-Simpson High School

Name of Meeting/Conference KWEL

Date(s) of Meeting/Conference 1.22-1.23 Departure Time 6:00am Return Time 6:00pm

Place of Meeting/Conference Crowne Plaza Lousiville KY

Rationale for Attendance Kentucky Women Leadership Development

Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☑ Other (MUST Specify) TQ

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage $0.46 per mile	Airfare	Substitute $100 per day	Other	Total Est. Expenses
		80	118.68				198.68

Principal Signature: _____ Grant/Admin: Shelia Smith
Required if Expenses are Paid by Grant Funds

Prior Superintendent Approval:

✓ Approved ____ Not Approved...

Reason _____

Superintendent Signature 1/27/25 Date

Submit this section upon returning. Include any original required receipts and signatures.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

***** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.*****

Date	# Miles	Charge @ $.46	Lodging	Meals	Other Expenses Amount	Other Expenses Explanation	Total

Reimbursement Due _____

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Employee Signature _____ Date

Supervisor Signature Shelia Smith 1/24/25 Date

Central Office Use:

Coding

CFO Approval

SIMPSON COUNTY SCHOOLS
OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Rachel Wright Date Submitted _____

School/Work Site Regional Training Center

Name of Meeting/Conference KTC Summer Institute

Date(s) of Meeting/Conference 6/16-18/25 Departure Time 8:00 Return Time 6:00 pm

Place of Meeting/Conference Crowne Plaza, Louisville, KY

Rationale for Attendance Hosting/presenting the Institute

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
–	300.00	100.00					400.00

Principal Signature: [signature] Grant/Admin: _____

Required if Expenses are Paid by Grant Funds

Prior Superintendent Approval:

✓ Approved ____ Not Approved...

Reason _____

[signature] 1/21/25

Superintendent Signature Date

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

Date	# Miles	Charge @ $.46	Lodging	Meals	Other Expenses Amount	Other Expenses Explanation	Total
						Reimbursement Due	

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Central Office Use:

[signature] _____

Employee Signature Date Coding

[signature] _____

Supervisor Signature Date CFO Approval