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

3. Pro-2017/70th Enterprise State State (1999) 47-20.			1 .	
Employee Name Chelsea 1	tdams	Date Submitte	ed 3 11 25	
School/Work Site FSHS	200220 000 00 10 2			
Name of Meeting/Conference			16	
Date(s) of Meeting/Conference 3			10:30 Return Tir	
Place of Meeting/Conference B U	Her Count	* Educa-	tional Comple	X
Rationale for Attendance ASA !	· Board me	exing		
Expenses paid by:	☐ Spec Ed ☐ KETS ☐	I Other (MUST Spe	cify)	
Estimated Expenses:				
	Vieals Mileage licy on back* \$0.46 per mile		Substitute Other S100 per day	Total Est. Expenses
	92-00 A			42.32
Principal Signature:	eu_	Grant/Admin:		
Prior Superintendent Approval:		1 /1	Required if Expenses are Pa	aid by Grant Funds
Approved Not Approved		+>M	-	3/12/28
Reason	Superinten	dent Signature		Date
new or ediction were there to be	1			
and the seminary the many property	No. of the last of		REIMBURSEMEN	-
*** Per Board Policy 03.125 and 03.225: "Out	:-of-District Travel Reimbursen	ents MUST be submit	ted within thirty (30) days of th Other Expenses	e travel return date.**
Date # Miles Charge @ \$.46	Lodging M	eals Amour		Total
Affidavit: I hereby certify that all expenses inc employee of Simpson County Schools in the charges qualifying for reimbursement from the	capacity of official business; t	that they are proper	Reimbursement Due	9
data furnished here within is true and correct		and that all	Central Office Use:	3.
Employee Signature	D	ate	Coding	
Supervisor Signature	D	ate	CFO Approval	:

CFO Approval

Employee Name Chelsed Add	Date Sub	omitted 2 25 25	
School/Work Site HS VSC		- J J	
Name of Meeting/Conference WAShi	natur D.C.		
Date(s) of Meeting/Conference 2 25	3/1 Departure	Time <u>0:30aM</u> Return Time <u>4:30ph</u>	4_
Place of Meeting/Conference\\d\f\h\f	1	· · · · · · · · · · · · · · · · · · ·	
Rationale for Attendance Tomorro	in's leaders		
Expenses paid by: SBDM PD Si	pec Ed KETS Other (MUS	T Specify) FRYSC	
Estimated Expenses:	,		(*)
Registration Lodging Meals See policy on ba	Mileage Airfare ack* \$0.46 per mile	Substitute Other Total Est. Expens	es
340.0		\$100 per day	
Principal Signature:	Cuent/Admi	1.000	
Prior Superintendent Approval:	Grant/Admi	Required if Expenses are Paid by Grant Funds	
Approved Not Approved			
Reason	Superintendent Signatur	e Date	:
angualise spice of recording chart sum over a second state of the		SE REIMBURSEMENT REQUES ubmitted within thirty (30) days of the travel return date	
Date # Miles Charge @ \$.46	Lodging Meals	Other Expenses Total	
φ. -1 0	F	Amount Explanation	
Affidavit: I hereby certify that all expenses included in	a the chair state and the chair	N an Reimbursement Due	_
employee of Simpson County Schools in the capacit	y of official business; that they are pro	oper	
charges qualifying for reimbursement from the Simps data furnished here within is true and correct to the box	on County Board of Education; and the est of my knowledge.	Central Office Use:	
CHOM AMO.	2/25/25		3.1
Employee Signature	Date	Coding	÷
6/-	3/3/cr	,	
Supprison Signature	L.P.C.	-	
Supervisor Signature	Date	CFO Approval	

					_ / 1		
Employee Name	Isea A	dams_	Date Su	ubmitted	2 4	75	
School/Work Site	145			1.			
Name of Meeting/Confer	ence <u>FFY</u>	SC Regi	unal Mec.	Hry			1
Date(s) of Meeting/Confe		e 25	Departure	e Time _			me 4 PM
Place of Meeting/Confere			GOLF C	lub	Glas	goin, F	2.4
Rationale for Attendance	regin	red me	utings		. 1407	1114-11	594-17AI
Expenses paid by:	SBDM 🗆 PD	□ Spec Ed □ KI	ETS Dother (MU	JST Speci	ty) <u>010 </u>	107 0	590-120L
Estimated Expenses:							Tables Emma
Registration Lodgi	ng Me See policy	eals Mile \$0.46 pt	er mile		bstitute 00 per day	Other	Total Est. Expenses
Principal Signature:			Grant/Adr	min:	hyp		
Prior Superintendent App			10		Required if	Expenses are F	Paid by Grant Funds
Approved No	ot Approved		150	7			2/5/25
Reason		Supe	rintendent Signat	ure			Date
Submit this section upon	remedias inchi	विधानकार 💮			TIMADI ID	CENTER	TE DECLUECT
ज्ञांब्रामहो स्वव्यास्थ्यं स्वव्य	utengia bina arqi	res ITV					IT REQUEST he travel return date.***
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Date # Miles Affidavit: hereby certify that employee of Simpson County	all expenses inclu	f-District Travel Rein Lodging Lodging ded in the above sta	Meals Meals Attement were incurred siness; that they are	Amount d by an proper	Other Expens	(30) days of t es planation	he travel return date.**
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Date # Miles Date # Miles Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbur data furnished here within is to	all expenses included Schools in the career of the career	f-District Travel Rein Lodging Lodging ded in the above state apacity of official but Simpson County Board	Meals Meals Meals Meals Meals Meals Meals Meals Meals	Amount d by an proper	Other Expens Ex	(30) days of these planation	he travel return date.**
Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbur	all expenses included Schools in the career of the career	f-District Travel Rein Lodging Lodging ded in the above state apacity of official but Simpson County Board	Meals Meals Atement were incurred siness; that they are aird of Education; and dedge.	Amount d by an proper	Other Expens Ex	(30) days of these planation	he travel return date.**
Date # Miles Date # Miles Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbur data furnished here within is to	all expenses included Schools in the career of the career	f-District Travel Rein Lodging Lodging ded in the above state apacity of official but Simpson County Board	Meals Meals Meals Attement were incurred siness; that they are fird of Education; and dedge. 2 4 25	Amount d by an proper	Reimbu	(30) days of these planation	he travel return date.**

Employee Name	ool Mentor 2/21/3 S & Ba Program	progra 25 Depart 22ell M	M ure Time Middl	9 am e Scho	Return Tin	ne <u>4 pm</u>
Registration Lodging Mea See policy o Principal Signature: Prior Superintendent Approval: Approved Not Approved Reason	h back* \$0.46 per	mile	dmin:_	Substitute :100 per day Required it		id by Grant Funds Date
Submit this section upon returning. Include original required receipts and signature. *** Per Board Policy 03.125 and 03.225: "Out-of-ID Date # Miles Charge @ \$.46 2 2 1 25 49.4	IKA			ted within thirt Other Exper	y (30) days of the	T REQUEST e travel return date.*** Total
Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the capa charges qualifying for reimbursement from the Sir data furnished here within is true and correct to the	icity of official busin npson County Board	ness; that they a I of Education; ar	re proper	Reimbo	u rsement Due ice Use:	
Employee Signature Supervisor Signature		Date Date		Coding CFO Appro	val	

Employee	Name	elissa	Dilyer	L Da	ite Submitte	ed 2/28/2025	
School/Wo	ork Site	ES,	,				
Name of M	/leeting/Confe	rence Ke	naisso	ince		at 12:40 - Tuly 15	<u>St</u>
Date(s) of	Meeting/Conf	erence J	ne Z	7-30- Plan	ne landed inture Time	4:25 amReturn T	ime /2:40 a m
Place of Me	eeting/Confer	ence Sa	n Die	go Cali	tornia		
Rationale f	or Attendance	Cultur	e and	Climate	,		
Expenses p				KETS Other	/MUST Sne/	cifu District	Funds
Estimated i			_ 0,000	THE OTHER	(MOST Spec		1000
Registrati		ing r	Meals N	1ileage Airf	are Si	ubstitute Other	Total Est. Expenses
		See po		6 per mile		LOO per day	
595	00 500	$\frac{1}{3}$		695	5.00	_1	2,150°°
Principal Sig	gnature:	ouro	Pais	Grant/	Admin:	Protriet	
_	intendent App	roval:		1 -	-//	Required if Expenses are Pa	aid by Grant Funds
	oved No	ot Approved	_	2/8	M		3/7/25
Reason			Su	perintendent Sigi	nature		Date
*** Per Board	# Miles	nd 03.225: "Out- Charge @ \$.46				d within thirty (30) days of the Other Expenses Explanation	
		Charge @	of-District Travel Ro	eimbursements MUS	T be submitte	d within thirty (30) days of the Other Expenses	e travel return date.***
		Charge @	of-District Travel Ro	eimbursements MUS	T be submitte	d within thirty (30) days of the Other Expenses	e travel return date.***
		Charge @	of-District Travel Ro	eimbursements MUS	T be submitte	d within thirty (30) days of the Other Expenses	e travel return date.***
		Charge @	of-District Travel Ro	eimbursements MUS	T be submitte	d within thirty (30) days of the Other Expenses	e travel return date.***
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		Charge @	of-District Travel Ro	eimbursements MUS	T be submitte	d within thirty (30) days of the Other Expenses	e travel return date.***
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ffidavit: I here mployee of Si harges qualify	# Miles eby certify that a impson County Sing for reimburse	Charge @ \$.46 If expenses inclusions in the capement from the	Lodging Lodging ded in the above stapacity of official b	Meals Meals Attement were incurrusiness; that they are ard of Education: and	Amount Amount red by an re proper d that all	d within thirty (30) days of the Other Expenses Explanation	e travel return date.***
ffidavit: I here mployee of Si harges qualify	# Miles eby certify that a impson County Sing for reimburse here within is true	Charge @ \$.46 If expenses inclusions in the capement from the	Lodging Lodging ded in the above stapacity of official b	Meals Meals Attement were incurrusiness; that they are ard of Education: and	Amount Amount red by an re proper d that all	d within thirty (30) days of the Other Expenses Explanation Reimbursement Due	e travel return date.***

Employee Na		Marc	e Bla	Date	Submitte	d_3	7-25		
School/Work	site	15/115	1 +		1	1			
Name of Me	eting/Confere	enceS	late to	1651UWAL	ME	EHW.	\sim	1	· · ·
Date(s) of M	eeting/Confe	rence 4-	24-25	Depart	ure Time_	1.00	<u> </u>	Time 4	PNI
	eting/Confere	_			174				
Rationale for			Trainin		.00 70	~(
Expenses pa	id by: 🔲 S	BDM PD [□ Spec Ed □ KI	TS Dother_	ms 1	SC			
Estimated Ex	(penses:								
Registratio	on Lodgi	ng Me See policy				ubstitute 100 per day	Other	Total Es	t. Expenses
Appro	ntendent App ved N	roval: Approved	Supe	Grant/A	M -	Bequir	ed if Expenses are	Paid by Gra	nt Funds
	A								
		returning inclus	PORTUGUISMONTONI	AVEL EXPE	NSF R	FIMB	URSEME	NT RE	OLIEST
THE RESERVE OF THE PARTY OF THE	The second secon	NAME OF TAXABLE PARTY.	f-District Travel Rein	nbursements MUS			thirty (30) days o		eturn date.***
THE RESERVE OF THE PARTY OF THE	The second secon	Will be Designed and the Control of				t ed within t	thirty (30) days o		
*** Per Board	l Policy 03.125 a	nd 03.225: "Out-of Charge @	f-District Travel Rein	nbursements MUS	T be submitt	t ed within t	t hirty (30) days o openses		eturn date.***
*** Per Board	l Policy 03.125 a	nd 03.225: "Out-of Charge @	f-District Travel Rein	nbursements MUS	T be submitt	t ed within t	t hirty (30) days o openses		eturn date.***
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*** Per Board	l Policy 03.125 a	nd 03.225: "Out-of Charge @	f-District Travel Rein	nbursements MUS	T be submitt	t ed within t	t hirty (30) days o openses		eturn date.***
*** Per Board	l Policy 03.125 a	nd 03.225: "Out-of Charge @	f-District Travel Rein	nbursements MUS	T be submitt	t ed within t	t hirty (30) days o openses		eturn date.***
*** Per Board	l Policy 03.125 a	nd 03.225: "Out-of Charge @	f-District Travel Rein	nbursements MUS	T be submitt	t ed within t	t hirty (30) days o openses		eturn date.***
Date Affidavit: I heremployee of S	# Miles # Delicy 03.125 a # Miles reby certify that Simpson County	charge @ \$.41 all expenses include Schools in the ca	Lodging Lodging ded in the above sta	Meals Meals atement were incursiness; that they a	Amour Amour	Other Ex	t hirty (30) days o openses	f the travel r	eturn date.***
Date Date Affidavit: I heremployee of Scharges qualifi	# Miles # Miles reby certify that Simpson County ying for reimbur	charge @ \$.41 all expenses included Schools in the carsement from the Schools in	Lodging Lodging	Meals Meals Atement were incursiness; that they are of Education; are	Amour Amour	Other Ex	thirty (30) days o	f the travel r	eturn date.***
Date Date Affidavit: I heremployee of Scharges qualifi	# Miles # Miles reby certify that Simpson County ying for reimbul here within is to	charge @ \$.41 all expenses included Schools in the carsement from the Schools in	Lodging Lodging ded in the above stapacity of official businesson County Boa	Meals Meals Atement were incursiness; that they are of Education; are	Amour Amour	Other Ex	thirty (30) days o	f the travel r	eturn date.***
Affidavit: I her employee of Scharges qualif data furnished	# Miles # Miles reby certify that Simpson County ying for reimbul here within is to	charge @ \$.41 all expenses included Schools in the carsement from the Schools in	Lodging Lodging ded in the above stapacity of official businesson County Boa	Meals Meals Atement were incursiness; that they are of Education; and eledge.	Amour Amour	Rei	thirty (30) days o	f the travel r	eturn date.***

Employee Name CONSTANCE BAN	Date Su	bmitted	3-7-25	
School/Work Site FSmS				
Name of Meeting/Conference	Advisory	neet	of fur t	USC
Name of Meeting/Conference Degroval Date(s) of Meeting/Conference 3 - 21 - 7	Departure Departure	Time	Return Tim	ne 4pm
Place of Meeting/Conference				
Rationale for Attendance FRSC Trui	NIN	1240 PA II 11	- 6	
Expenses paid by:	I KETSOther	us &	50	
Estimated Expenses:				
See policy on back* \$0.4	Nileage Airfare	Substit \$100 per		Total Est. Expenses
Principal Signature: Prior Superintendent Approval:	Grant/Adm		quired if Expenses are Pai	d by Grant Funds
Approved Not Approved	15/1			2/2/25
	uperintendent Signatu	are		Date
		-		
Submit this section upon returning, include any original required receipts and signatures.	RAVEL EXPEN	ISE REIN	1BURSEMENT	TREQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel F	Reimbursements MUST be	submitted wit	hin thirty (30) days of the	travel return date.***
Per Board Policy 03.125 and 03.225: "Out-of-District Travel For Date # Miles Charge @ Lodging \$.41	Reimbursements MUST be		hin thirty (30) days of the er Expenses Explanation	travel return date.*** Total
Date # Miles Charge @ Lodging	S TOTAL STATE	Oth	er Expenses	
Date # Miles Charge @ Lodging	S TOTAL STATE	Oth	er Expenses	
Date # Miles Charge @ Lodging	S TOTAL STATE	Oth	er Expenses	
Date # Miles Charge @ Lodging	S TOTAL STATE	Oth	er Expenses	
Date # Miles Charge @ Lodging	S TOTAL STATE	Oth	er Expenses	
Date # Miles Charge @ Lodging	S TOTAL STATE	Oth Amount	er Expenses	
Date # Miles Charge @ Lodging	S TOTAL STATE	Oth Amount	er Expenses	
Date # Miles Charge @ \$.41 Lodging 3-2(-2) Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official	statement were incurred business; that they are p	Oth Amount	er Expenses	Total
Date # Miles Charge @ Lodging 3-7(-7) Affidavit: I hereby certify that all expenses included in the above	statement were incurred business; that they are proportion is a statement of Education; and the statement were incurred business.	Oth Amount I by an proper that all	er Expenses Explanation	Total
Date # Miles Charge @ \$.41 Lodging 3-2(-2) 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	statement were incurred business; that they are proportion is a statement of Education; and the statement were incurred business.	Oth Amount I by an proper that all	Explanation Explanation Reimbursement Due	Total
Date # Miles Charge @ \$.41 Lodging 3-21-25 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 kn	statement were incurred business; that they are proposed of Education; and the owledge.	Oth Amount I by an proper that all	Explanation Explanation Reimbursement Due	Total

Submit this room to the Francisco Superintendent for Edward Complete ALL Items on top half or term. Attach Weeting Registration Form

Employee Name	Blance	Blane	Da	te Submitted _	March -	le-25
School/Work Site	FSNS					
Name of Meeting/Confe	rence\L	4- ASAP	Meltine	/		
Date(s) of Meeting/Conf	erence <u>3</u>	-13-25	Depa	rture Time	01304MReturn Ti	me 3130pm
Place of Meeting/Confer	5		0	cationa	1 Complet (inserve en
Rationale for Attendance	FRYSI	c truini	\sim			
Expenses paid by:	SBDM □ PD	□ Spec Ed □	KETS (Other	MSg	15C	
Estimated Expenses:			_).	
Registration Lodg			eage Airf per mile	\$100 p	titute Other	Total Est. Expenses
Principal Signature: Prior Superintendent App	proval	111	Grant/	Admin:	Required if Expenses are Pa	id has Count for the
1	of Approved		10	11	required ii expenses are Pa	id by Grant Funds
Reason		Sup	erintendent Sigi	nature		3/7/25 Date
					10-10	
Submit this section upon original required rece	returning inclu	TR.	ΔVFI EYD	ENISE REII	MBURSEMEN ⁻	T DEOLICE
		of-District Travel Rei	mbursements MUS	T be submitted w	rithin thirty (30) days of the	travel return date.***
*** Per Board Policy 03.125 a Date # Miles		of-District Travel Rei	mbursements MUS Meals	T be submitted w	rithin thirty (30) days of the her Expenses	travel return date.***
*** Per Board Policy 03.125 a	nd 03.225: "Out-o	of-District Travel Rei	mbursements MUS	T be submitted w	rithin thirty (30) days of the	travel return date.***
*** Per Board Policy 03.125 a	nd 03.225: "Out-o	of-District Travel Rei	mbursements MUS	T be submitted w	rithin thirty (30) days of the her Expenses	travel return date.***
*** Per Board Policy 03.125 a	nd 03.225: "Out-o	of-District Travel Rei	mbursements MUS	T be submitted w	rithin thirty (30) days of the her Expenses	travel return date.***
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*** Per Board Policy 03.125 a	nd 03.225: "Out-o	of-District Travel Rei	mbursements MUS	T be submitted w	rithin thirty (30) days of the her Expenses	travel return date.***
*** Per Board Policy 03.125 a	nd 03.225: "Out-o	of-District Travel Rei	mbursements MUS	T be submitted w	rithin thirty (30) days of the her Expenses	travel return date.***
Date # Miles Date # Miles Affidavit: I hereby certify that a	charge @ \$.41	Lodging Lodging ded in the above sta	Meals Meals tement were incur	T be submitted w Ot Amount	rithin thirty (30) days of the her Expenses	travel return date.***
Date # Miles Date # Miles Affidavit: I hereby certify that a employee of Simpson County Scharges qualifying for reimburs	charge @ \$.41 sll expenses included the call ement from the Service of the	Lodging Lodging ded in the above sta	Meals Meals tement were incursiness; that they a	T be submitted w Ot Amount red by an re proper d that all	rithin thirty (30) days of the her Expenses Explanation Reimbursement Due	travel return date.***
Date # Miles Date # Miles Affidavit: I hereby certify that a	charge @ \$.41 sll expenses included the call ement from the Service of the	Lodging Lodging ded in the above sta	mbursements MUS Meals tement were incursiness; that they are of Education; and edge.	T be submitted w Ot Amount red by an re proper d that all Cen	rithin thirty (30) days of the her Expenses Explanation	travel return date.***
Date # Miles Date # Miles Affidavit: I hereby certify that a employee of Simpson County sharges qualifying for reimburs lata furnished here within is true.	charge @ \$.41 sll expenses included the call expenses in the call ement from the Section 1.5	Lodging Lodging ded in the above sta	Meals Meals tement were incursiness; that they a	T be submitted w Ot Amount red by an re proper d that all Cen	Reimbursement Due	travel return date.***
Date # Miles Paffidavit: I hereby certify that a employee of Simpson County Sharges qualifying for reimburs lata furnished here within is true.	charge @ \$.41 sll expenses included the call expenses in the call ement from the Section 1.5	Lodging Lodging ded in the above sta	tement were incursiness; that they are edge.	red by an re proper d that all	Reimbursement Due	travel return date.***

Employee Name	enstance	BLANE	Date	Submitted	2375	
School/Work Site	FSUS					
Name of Meeting/Con	erence Fe	ysc Regor	ival)	hum	C	.,
Date(s) of Meeting/Con	nference	6-25	Depart	ture Time	Return Tir	me 4 pm
Place of Meeting/Conf	erence <u>alus</u>	on Cen	nng Cent	er 899	Shamrock	KSOW KY
Rationale for Attendan	ce					
Expenses paid by:	□ SBDM □ PD	☐ Spec Ed ☐ KE	TS 🗖 Other (I	MUST Specif	ý)	
Estimated Expenses:						
	See policy	eals Mile y on back* \$0.46 pc	er mile	\$10	ostitute Other O per day	Total Est. Expenses
Principal Signature:	// - /- 0	h	Grant/A	Admin:	Required if Expenses are Pa	aid by Grant Funds
Prior Superintendent A Approved	//			01	1	1-7,0
Reason		Sune	rintendent Sign	ature		Date
Submit this section up original required re			AVEL EXPE	ENSE RE	IMBURSEMEN	T REQUEST
	F 4 02 225. #Ot -	6 District Tours Daim	h	T ha cubmitte	l within thirty (20) days of th	
	and the same of the same of the same of	BY THE LAND	M 8 - 12 57 -	T be submitted	l within thirty (30) days of th Other Expenses	e travel return date.**
Per Board Policy 03.12 Date # Miles	5 and 03.225: "Out-o Charge @ \$.46	f-District Travel Rein Lodging	nbursements MUS Meals	T be submitted Amount	CONTRACTOR OF THE RESIDENCE	
Date # Miles	Charge @	BY THE LAND	M 8 - 12 57 -		Other Expenses	e travel return date.**
	Charge @ \$.46	BY THE LAND	M 8 - 12 57 -		Other Expenses	e travel return date.** Total
Date # Miles	Charge @ \$.46	BY THE LAND	M 8 - 12 57 -		Other Expenses	e travel return date.** Total
Date # Miles	Charge @ \$.46	BY THE LAND	M 8 - 12 57 -		Other Expenses	e travel return date.** Total
Date # Miles	Charge @ \$.46	BY THE LAND	M 8 - 12 57 -		Other Expenses	e travel return date.** Total
Date # Miles	Charge @ \$.46	BY THE LAND	M 8 - 12 57 -		Other Expenses	e travel return date.** Total
Date # Miles	Charge @ \$.46	BY THE LAND	M 8 - 12 57 -		Other Expenses	e travel return date.** Total
Date # Miles	Charge @ \$.46	BY THE LAND	M 8 - 12 57 -		Other Expenses	e travel return date.** Total
Date # Miles 2 Let 25 Let 27.2	Charge @ \$.46 C U(p	Lodging ded in the above sta	Meals	Amount	Other Expenses	Total S(.Ul)
Date # Miles	Charge @ \$.46 C U() That all expenses includinty Schools in the calculations in the calculations are selected as a selected as	Lodging ded in the above sta	Meals tement were incursiness; that they ard of Education; a	Amount rred by an are proper and that all	Explanation Explanation	Total S(.Ul)
Affidavit: I hereby certify t employee of Simpson Coucharges qualifying for reim	Charge @ \$.46 C U() That all expenses includinty Schools in the calculations in the calculations are selected as a selected as	Lodging ded in the above sta	Meals tement were incursiness; that they ard of Education; a	Amount rred by an are proper and that all	Explanation Explanation Reimbursement Due	Total S(.Ul)
Affidavit: I hereby certify t employee of Simpson Coucharges qualifying for reim data furnished here within	Charge @ \$.46 C U() That all expenses includinty Schools in the calculations are the calculations of the calculations and the calculations are the calculations.	Lodging ded in the above sta	Meals tement were incursiness; that they ard of Education; a	Amount rred by an are proper and that all	Explanation Explanation Reimbursement Due	Total S(.Ul)
Affidavit: I hereby certify t employee of Simpson Coucharges qualifying for reim	Charge @ \$.46 C U() That all expenses includinty Schools in the calculations are the calculations of the calculations and the calculations are the calculations.	Lodging ded in the above sta	Meals tement were incursiness; that they are dof Education; a ledge.	Amount rred by an are proper and that all	Reimbursement Due	Total S(.Ul)

School/Work Site Name of Meeting/Co Date(s) of Meeting/Co Place of Meeting/Cor Rationale for Attenda Expenses paid by: Estimated Expenses:	nference	Auren 4, 20 MEC P Behavis	r Plans (2) □Other (MUST Speci	7:30 Return Time	Students_
Principal Signature: _ Prior Superintendent Approved Reason	Approval: _ Not Approved	on back* \$0.46 per mil		bstitute Other T on per day Required if Expenses are Paid	by Grant Funds Date
	receipts and signatur	es. I KAV -District Travel Reimbur		EIMBURSEMENT d within thirty (30) days of the to Other Expenses	
					AND DESCRIPTION OF THE PERSON NAMED IN
Date # Mile	\$36.80	Lodging	Meals Amount	Explanation	F36-80
	that all expenses including the cambursement from the same state of the same state o	ded in the above stateme pacity of official busines Simpson County Board of	ent were incurred by an is; that they are proper f Education; and that all e.	Reimbursement Due Central Office Use:	

	bassa ()	On a			D.	100	
Employee Name/	My C	Cener	Date	Submitte	d	3/03	
School/Work Site	DE)		2		02	/ TD0- 2	2
Name of Meeting/Confer	A 1		nd Proute	esa	Tover		0,,,,,
Date(s) of Meeting/Confe	erence	97/92	Departi	ure Time _	7130	Return Tim	ne <u>7700</u>
Place of Meeting/Confere	\wedge	KKEC	•	×			
Rationale for Attendance	CEU	5 & INDE	vom Only	tran	3000	1020 00	*/~ .
Expenses paid by:	SBDM □ PD [☐ Spec Ed ☐ KE	TS Other (N	/IUST Spec	cify) <u>WWW</u>	1050-05	6D
Estimated Expenses:							
Registration Lodgi	See policy		er mile	\$	ubstitute 100 per day	Other	Fa7.60
Principal Signature: Prior Superintender Appr	roval.	1	Grant/A		Required	if Expenses are Pai	d by Grant Funds
Approved N			1	K) (,		2/14/25
Reason		Supe	rintendent Signa	ature			Date
- X-101							
Submit this section upon original required rece			VEL EXPE	NSE R	EIMBL	JRSEMENT	FREQUEST
		STATE OF THE PARTY					
*** Per Board Policy 03.125 a	and 03.225: "Out-of	STATE OF THE PARTY				irty (30) days of the	travel return date.***
		STATE OF THE PARTY			ed within th Other Exp	irty (30) days of the	
*** Per Board Policy 03.125 a	end 03.225: "Out-of Charge @	-District Travel Rein	nbursements MUST	be submitt	ed within th Other Exp	irty (30) days of the enses	travel return date.***
*** Per Board Policy 03.125 a	end 03.225: "Out-of Charge @	-District Travel Rein	nbursements MUST	be submitt	ed within th Other Exp	irty (30) days of the enses	travel return date.***
*** Per Board Policy 03.125 a	end 03.225: "Out-of Charge @	-District Travel Rein	nbursements MUST	be submitt	ed within th Other Exp	irty (30) days of the enses	travel return date.***
*** Per Board Policy 03.125 a	end 03.225: "Out-of Charge @	-District Travel Rein	nbursements MUST	be submitt	ed within th Other Exp	irty (30) days of the enses	travel return date.***
*** Per Board Policy 03.125 a	end 03.225: "Out-of Charge @	-District Travel Rein	nbursements MUST	be submitt	ed within th Other Exp	irty (30) days of the enses	travel return date.***
*** Per Board Policy 03.125 a	end 03.225: "Out-of Charge @	-District Travel Rein	nbursements MUST	be submitt	ed within th Other Exp	irty (30) days of the enses	travel return date.***
*** Per Board Policy 03.125 a	end 03.225: "Out-of Charge @	-District Travel Rein	nbursements MUST	be submitt	ed within th Other Exp	irty (30) days of the enses	travel return date.***
*** Per Board Policy 03.125 a	end 03.225: "Out-of Charge @	-District Travel Rein	nbursements MUST	be submitt	ed within th Other Exp	irty (30) days of the enses	travel return date.***
Date # Miles Date # Miles	charge @ \$.46	Lodging Lodging ded in the above sta	Meals Meals	Amour	Other Exp	irty (30) days of the enses	Total
Date # Miles	charge @ \$.46 t all expenses includy Schools in the carsement from the S	Lodging Lodging ded in the above stapacity of official busingson County Boa	Meals Meals Meals Meals Meals Meals Meals	Amour Amour	Reim	irty (30) days of the enses Explanation	Total
Date # Miles Date # Miles Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbu	charge @ \$.46 t all expenses includy Schools in the carsement from the S	Lodging Lodging ded in the above stapacity of official busingson County Boa	Meals Meals Meals Meals Meals Meals Meals	Amour Amour	Reim	irty (30) days of the enses Explanation bursement Due	Total

	1.7 ž	
Employee Name Amie Char	Date Submitted 1/01/25	
School/Work Site 5E5		
Name of Meeting/Conference		
Date(s) of Meeting/Conference	Departure Time 7130 Return Time 4:30	
Place of Meeting/Conference		ue_
Rationale for Attendance		to
Expenses paid by:	c Ed KETS Other (MUST Specify)	
Estimated Expenses:		
Registration Lodging Meals See policy on bac	\$27.60 \$27.60	nses ()
Principal Signature:	Grant/Admin: Required if Expenses are Paid by Grant Funds	s ,
Prior Superintendent Approval: Approved Not Approved		7/25
Reason	Superintendent Signature Da	te
Neuson	Superintendent Signature	
Submit this section upon returning, include any original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REQUE	ST
*** Per Board Policy 03.125 and 03.225: "Out-of-Distri	ct Travel Reimbursements MUST be submitted within thirty (30) days of the travel return da	
*** Per Board Policy 03.125 and 03.225: "Out-of-Distri	ct Travel Reimbursements MUST be submitted within thirty (30) days of the travel return da	
*** Per Board Policy 03.125 and 03.225: "Out-of-Distribution Charge @	ct Travel Reimbursements MUST be submitted within thirty (30) days of the travel return da	
*** Per Board Policy 03.125 and 03.225: "Out-of-Distribution Charge @	ct Travel Reimbursements MUST be submitted within thirty (30) days of the travel return da	
*** Per Board Policy 03.125 and 03.225: "Out-of-Distribution Charge @	ct Travel Reimbursements MUST be submitted within thirty (30) days of the travel return da	
*** Per Board Policy 03.125 and 03.225: "Out-of-Distribution Charge @	ct Travel Reimbursements MUST be submitted within thirty (30) days of the travel return da	
*** Per Board Policy 03.125 and 03.225: "Out-of-Distribution Charge @	ct Travel Reimbursements MUST be submitted within thirty (30) days of the travel return da	
*** Per Board Policy 03.125 and 03.225: "Out-of-Distribution Charge @	ct Travel Reimbursements MUST be submitted within thirty (30) days of the travel return da	
Date # Miles Charge @ \$.46 L 2 2 4 4 5 4 6 L Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity	the above statement were incurred by an of official business; that they are proper	
Date # Miles Charge @ \$.46 L 2 2 4 4 5 1	the above statement were incurred by an of official business; that they are proper n County Board of Education; and that all	
Part # Miles Charge © \$.46 2 2 3 4 5 6	the above statement were incurred by an of official business; that they are proper n County Board of Education; and that all	
Part # Miles Charge © \$.46 2 2 3 4 5 6	the above statement were incurred by an of official business; that they are proper n County Board of Education; and that all	
Date # Miles Charge @ \$.46 Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson data furnished here within is true and correct to the be	the above statement were incurred by an of official business; that they are proper in County Board of Education; and that all st of my knowledge. Cother Expenses Amount Explanation Total Reimbursement Due Reimbursement Due Central Office Use:	

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

2/6/25

Employee Name	ar val	Evans	Date	e Submitte	1 2/6/25	
a I I Marali Cita	-CHS					
Name of Meeting/Confer	rence N_{ϵ}	ctional F	ura Mo	chiene	Show	70-20s
Date(s) of Meeting/Confe	erence	113/25	Depar	ture Time	7:30 Return Tim	ie <u>4:36</u>
Place of Meeting/Confer	ence	ovis ville	1/4	147	Expo	
Rationale for Attendance	Expe.	iental le	arning			
Expenses paid by:	ŚBDM □ PD	□ Spec Ed □ K	ETS Other (MUST Spec	cify)	
Estimated Expenses:						Salari Salari Salari Salari
Registration Lodg	ing Me See policy		eage Airfa per mile -	\$	ubstitute Other 100 per day 40 (ParKing)	Total Est. Expenses
Principal Signature: Prior Superintendent App Approved Reason		Supe	Grant//	Admin:	Required if Expenses are Paid	d by Grant Funds 2/11/25 Date
original required rece	ants and signatur					
*** Per Board Policy 03.125 a Date # Miles	and 03.225: "Out-o Charge @ \$.46	f-District Travel Rei	mbursements MUS Meals	Amour	ed within thirty (30) days of the Other Expenses t Explanation	TREQUEST travel return date.*** Total
*** Per Board Policy 03.125	and 03.225: "Out-o Charge @	f-District Travel Rei	TO STANK THE	中国共产	Other Expenses	travel return date.***
*** Per Board Policy 03.125	and 03.225: "Out-o Charge @	f-District Travel Rei	TO STANK THE	中国共产	Other Expenses	travel return date.***
*** Per Board Policy 03.125	and 03.225: "Out-o Charge @	f-District Travel Rei	TO STANK THE	中国共产	Other Expenses	travel return date.***
*** Per Board Policy 03.125	and 03.225: "Out-o Charge @	f-District Travel Rei	TO STANK THE	中国共产	Other Expenses	travel return date.***
*** Per Board Policy 03.125	charge @ \$.46 \$ all expenses incluy Schools in the carsement from the	Lodging Lodging ded in the above stapacity of official businesses	Meals atement were incusiness; that they ard of Education; a	Amour	Other Expenses	Total
Date # Miles Date # Miles Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbu	charge @ \$.46 \$ all expenses incluy Schools in the carsement from the	Lodging Lodging ded in the above stapacity of official businesses	Meals atement were incusiness; that they ard of Education; a	Amour	Other Expenses It Explanation Reimbursement Due	Total

		a 791			
Employee Name	da Evirsm	8791 AuDate Sul	bmitted	3(5/25	
School/Work Site Frank	Clin & Linco	In Dem			
Name of Meeting/Conference	ASAP				
Date(s) of Meeting/Conference _	3/13/25	Departure	Time 1030	Return Tim	e 1300
Place of Meeting/Conference	Butler Coun-	to Education	complex		·
Rationale for Attendance					
Rationale for Attendance	DD DSnec Ed	Cother (MU	ST Specify)	PRUSI	
	□ FD □ Spec Ed	_	,,	0	
Estimated Expenses: Registration Lodging	Meals	Mileage Airfare	Substitu	te Other ⁻	Total Est. Expenses
Registration Lodging		0.46 per mile	\$100 per d	ау	
		35miles			32.20
- 1 1 15:		Grant/Adm	in A	2.1/11	
Principal Signature: Prior Superintendent Approval:				uired if Expenses are Pai	d by Grant Funds
Approved Not Appr	oved	1-8/	L		3/12/35
Reason		Superintendent Signatu	ire		Date
Submit क्षेत्र उन्होंका प्रकृत स्थापता अर्था अर्थाका क्षित्रका क्षात्रका हिलाहार	ng, individuany	TRAVEL EXPEN	SE REIM	BURSEMENT	REQUEST
Olifelital tredettien generalists with					
*** Per Board Policy 03.125 and 03.22	5: "Out-of-District Trave	Reimbursements MUST be			
Data # Miles Char	5: "Out-of-District Trave	Meals	Othe	r Expenses	
Data # Miles Char	5: "Out-of-District Trave	Meals			travel return date.***
Data # Miles Char	5: "Out-of-District Trave	Meals	Othe	r Expenses	travel return date.***
Data # Miles Char	5: "Out-of-District Trave	Meals	Othe	r Expenses	travel return date.***
Data # Miles Char	5: "Out-of-District Trave	Meals	Othe	r Expenses	travel return date.***
Data # Miles Char	5: "Out-of-District Trave	Meals	Othe	r Expenses	travel return date.***
Data # Miles Char	5: "Out-of-District Trave	Meals	Othe	r Expenses	travel return date.***
Data # Miles Char	5: "Out-of-District Trave	Meals	Othe	r Expenses	travel return date.***
Data # Miles Char	5: "Out-of-District Trave	Meals	Othe	r Expenses	travel return date.***
Date # Miles Char \$.	5: "Out-of-District Trave ge @ Lodging 46	Meals	Othe Amount	r Expenses	Total
Date # Miles Char \$. Affidavit: I hereby certify that all expendingles of Simpson County Schools	5: "Out-of-District Trave ge @ Lodging 46 Lodging nses included in the abo in the capacity of offic	Meals We statement were incurred ial business; that they are p	Othe Amount	Explanation	Total
Date # Miles Char \$. Affidavit: I hereby certify that all expe	5: "Out-of-District Trave ge @ Lodging 46 Lodging nses included in the abo in the capacity of offic from the Simpson Count	we statement were incurred ial business; that they are party Board of Education; and the statement was also become a statement were incurred in the stateme	Other Amount by an proper that all	Explanation	Total
Affidavit: I hereby certify that all experemployee of Simpson County Schools charges qualifying for reimbursement	5: "Out-of-District Trave ge @ Lodging 46 Lodging nses included in the abo in the capacity of offic from the Simpson Count	we statement were incurred ial business; that they are party Board of Education; and the knowledge.	Othe Amount by an proper that all	Explanation Explanation Reimbursement Due ral Office Use:	Total 32.20
Affidavit: I hereby certify that all experemployee of Simpson County Schools charges qualifying for reimbursement	5: "Out-of-District Trave ge @ Lodging 46 Lodging nses included in the abo in the capacity of offic from the Simpson Count	we statement were incurred ial business; that they are party Board of Education; and the statement was also become a statement were incurred in the stateme	Othe Amount by an proper that all	Explanation Explanation Reimbursement Due ral Office Use: 453104.05	Total 32.20
Affidavit: I hereby certify that all experemployee of Simpson County Schools charges qualifying for reimbursement data furnished here within is true and of the second sec	5: "Out-of-District Trave ge @ Lodging 46 Lodging nses included in the abo in the capacity of offic from the Simpson Count	we statement were incurred ial business; that they are party Board of Education; and the knowledge.	by an proper that all	Explanation Explanation Reimbursement Due ral Office Use: 453104.05	Total 32.20

Employee Name <u>ucin</u>	da Eversma	<u>√</u> Date	e Submitted <u> </u>	
School/Work Site Fran	- 1			
Name of Meeting/Conference			Tion	
Date(s) of Meeting/Conferer			ture Time <u>10:45 am</u> Return Time <u>1:15pm</u>	
Place of Meeting/Conference	e			
Rationale for Attendance	community	Collaboration	addressing hearth needs a sessmen	₹
Expenses paid by: SBC	OM □ PD □ Spec Ed	☐ KETS ☐ Other (MUST Specify)	
Estimated Expenses:				
Registration Lodging	Meals See policy on back*	Mileage Airfa \$0.46 per mile	are Substitute Other Total Est. Expen	ses
DEVALUE OF THE NEW YORK	See policy on back	55	25.30	
	1 -10.1.1.1	55		
Principal Signature:		Grant/ <i>l</i>		
Prior Superintendent Approv			Required if Expenses are Paid by Grant Funds	
Approved Not A	Approved			
Reason		Superintendent Sigr	nature Dat	e
	A STATE OF THE PARTY OF THE PAR	vel Reimbursements MUS	T be submitted within thirty (30) days of the travel return day Other Expenses Amount Explanation	
Carrie (SA) (Lease Sa) Ex				
	ŀ	1		
Affidavit: I hereby certify that all	expenses included in the a	bove statement were incu	rred by an Reimbursement Due	
employee of Simpson County Sci charges qualifying for reimbursen	hools in the capacity of of nent from the Simpson Cou	ficial business; that they a inty Board of Education; a	are proper	
employee of Simpson County Scl	hools in the capacity of of nent from the Simpson Cou	ficial business; that they a inty Board of Education; a	are proper	
employee of Simpson County Scl charges qualifying for reimbursen data furnished here within is true	hools in the capacity of of ment from the Simpson Cou and correct to the best of n	ficial business; that they a inty Board of Education; a	are proper	
employee of Simpson County Scl charges qualifying for reimbursen data furnished here within is true	hools in the capacity of of nent from the Simpson Cou	ficial business; that they a inty Board of Education; a	are proper	
employee of Simpson County Scl charges qualifying for reimbursen data furnished here within is true	hools in the capacity of of ment from the Simpson Cou and correct to the best of n	ficial business; that they a inty Board of Education; a ny knowledge.	central Office Use:	

Employee N	lame <u>UC</u>	ALLOW COOLS	nan	Date	e Submitted	2 25 25	
		com & Frau					
Name of Me	eeting/Confer	ence Legisl	ative Page	Day		18	
Date(s) of N	leeting/Confe	erence	119125	Depar	0	Return Tim	ie 7pm 2/19/23
						xt Ky 40(e0)	
Rationale fo	or Attendance	FRYSC (1gistative	Page Day	; educa	tional opportur	uty
Expenses pa	aid by:	SBDM □PD □	Spec Ed ☐ KE	ETS DOther (MUST Specif	y) PRUSC	
Estimated E							
Registratio	on Lodgi	ng Meal: See policy or		THE R. P. LEWIS CO., LANSING, MICH. LANSING, MICH.		ostitute Other Oper day	Total Est. Expenses
			334	-			153.64
Principal Sig	nature:	Werson	•	Grant//	Admin:		
	ntendent App			22	//.	Required if Expenses are Pai	d by Grant Funds
Appro	vedN	ot Approved		len	ML		
Reason			Sup	einterdent Sign	nature		Date
origina	l required rece	returning. Include ipts and signatures	IKA	SERVED SECTION 1	A	IMBURSEMENT	
origina	l required rece	ipts and signatures	IKA	SERVED SECTION 1	ST be submitted	IMBURSEMENT within thirty (30) days of the Other Expenses Explanation	
origina *** Per Board Date	l required rece d Policy 03.125 a	ipts and signatures and 03.225: "Out-of-D Charge @	I KA	nbursements MUS	ST be submitted	within thirty (30) days of the Other Expenses	travel return date.***
origina *** Per Board	l required rece d Policy 03.125 a # Miles	ipts and signatures and 03.225: "Out-of-D Charge @ \$.46	I KA	nbursements MUS	ST be submitted	within thirty (30) days of the Other Expenses	travel return date.*** Total
origina *** Per Board Date	l required rece d Policy 03.125 a # Miles	ipts and signatures and 03.225: "Out-of-D Charge @ \$.46	I KA	nbursements MUS	ST be submitted	within thirty (30) days of the Other Expenses	Total
origina *** Per Board Date	l required rece d Policy 03.125 a # Miles	ipts and signatures and 03.225: "Out-of-D Charge @ \$.46	I KA	nbursements MUS	ST be submitted	within thirty (30) days of the Other Expenses	Total
origina *** Per Board Date	l required rece d Policy 03.125 a # Miles	ipts and signatures and 03.225: "Out-of-D Charge @ \$.46	I KA	nbursements MUS	ST be submitted	within thirty (30) days of the Other Expenses	Total
origina *** Per Board Date	l required rece d Policy 03.125 a # Miles	ipts and signatures and 03.225: "Out-of-D Charge @ \$.46	I KA	nbursements MUS	ST be submitted	within thirty (30) days of the Other Expenses	Total
origina *** Per Board Date 2/18 2/19	# Miles UET I CET Treby certify that	ipts and signatures and 03.225: "Out-of-D Charge @ \$.46 76.82	Lodging d in the above sta	Meals Meals	Amount	within thirty (30) days of the Other Expenses	Total
origina *** Per Board Date 2/18 2/19 Affidavit: I he employee of charges quality	# Miles # Miles Le	all expenses included Schools in the capa	d in the above stacity of official bumpson County Boa	Meals Meals Internet were incustiness; that they are of Education; a	Amount Amount arred by an are proper and that all	Within thirty (30) days of the Other Expenses Explanation Reimbursement Due	Total Total 76.82
origina *** Per Board Date 2/18 2/19 Affidavit: I he employee of charges quality	# Miles # Miles # Careby certify that Simpson County fying for reimbud here within is to	charge @ \$.46 74.82 all expenses included schools in the caparrue and correct to the	d in the above stacity of official bumpson County Boa	Meals Meals Internet were incustiness; that they are of Education; a	Amount Amount arred by an are proper and that all	Other Expenses Explanation	Total Total 76.82
Affidavit: I he employee of charges qualit data furnished	# Miles # Miles # Miles # Control of the control of	all expenses included Schools in the capa	d in the above stacity of official bumpson County Boa	Meals Meals Meals Attement were incusiness; that they are of Education; a ledge.	Amount Amount arred by an are proper and that all	Reimbursement Due	Total Total 76.82
origina *** Per Board Date 2/18 2/19 Affidavit: I he employee of charges quality	# Miles # Miles # Miles # Control of the control of	charge @ \$.46 74.82 all expenses included schools in the caparrue and correct to the	d in the above stacity of official bumpson County Boa	Meals Meals Internet were incustiness; that they are of Education; a	Amount Amount arred by an are proper and that all	Within thirty (30) days of the Other Expenses Explanation Reimbursement Due	Total Total 76.82

Employee Name Jaxon Grove	Date Subm	itted 2/3/25
School/Work Site FSM S		
Name of Meeting/Conference GRREC	Co-Teaching 1	ELA
Name of Meeting/Conference GREC Date(s) of Meeting/Conference 2/4/25	Departure Tir	me <u>7:00</u> Return Time <u>3:30</u>
Place of Masting/Conference GD F		
Rationale for Attendance	ade w/ ELA G	Teaching
Expenses paid by: SBDM PD Spec	Ed KETS Other (MUST S	Specify)
Estimated Expenses:		
Principal Signature: Prior Superintendent Approval: Approved Not Approved Reason	Mileage St.46 per mile Grant/Admin: Superintendent Signature	Substitute \$100 per day NA Required if Expenses are Paid by Grant Funds 2)3/2/ Date
Charge @		E REIMBURSEMENT REQUEST omitted within thirty (30) days of the travel return date.*** Other Expenses Total
\$.46 S.46	Am	nount Explanation
		/
Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of	ne above statement were incurred by a formation of the first of the fi	Reimbursement Due
charges qualifying for reimbursement from the Simpson data furnished here within is true and correct to the best	County Board of Education; and that	Central Office Use:
Employee Signature	Date	Coding
Supervisor Signature	Date	CFO Approval