Employee	Name	ssy H	ardison	D:	ate Submitt	$_{\rm ted}$ $\frac{2}{2}$	28/2025	5	
School/Wo	ork Site	ES ,				,	1		
Name of M	leeting/Confe	erence Ke	naiss				. 1414	<u></u>	/
Date(s) of	Meeting/Conf	erence	ne Z	7-30 Dep	ne lande	4:25	a MReturn T	ime/2:40 a	- 14
Place of M	eeting/Confer	ence 50	n Die	go Cali	tornic	U			
Rationale f	or Attendance	<u>Cultur</u>	e and	Gimate	ره				
Expenses p	aid by:	SBDM □ PD	□ Spec Ed □	KETS Other	(MUST Spe	ecify)	istrict	Funds	
Estimated I	Expenses:								
Registrati	ion Lodg			Mileage Air 46 per mile		Substitute	Other	Total Est. Expen	ises
595	00 500	200 3/1	00	10	5.00	\$100 per day	farking and	2486.8	0
Principal Sig	gnature: 00	un Pa	n		Admin:	Intrint	Travesporto	tion	
_	intendent Apr	roval:		Grand	Admin ₂	Required		aid by Grant Funds	-
Appro	oved No	ot Approved		4	M			2/7/25	
Reason			Su	perintendent Sig	nature			Date	9
		1018-40-1116-5-16-16-16-16	1725	MARKET LA	LIW. DE IN		TEL SE PASE IN		
CANADA STATE OF THE PARTY OF TH		pts and signatu nd 03.225: "Out- Charge @ \$.46	of-District Travel R	eimbursements MUS	ST be submitted	ed within thi Other Expe	irty (30) days of th	te travel return date	.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out- Charge @	of-District Travel R	eimbursements MU	ST be submitt	ed within thi Other Expe	irty (30) days of th enses	e travel return date	.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out- Charge @	of-District Travel R	eimbursements MU	ST be submitt	ed within thi Other Expe	irty (30) days of th enses	e travel return date	2.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out- Charge @	of-District Travel R	eimbursements MU	ST be submitt	ed within thi Other Expe	irty (30) days of th enses	e travel return date	.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out- Charge @	of-District Travel R	eimbursements MU	ST be submitt	ed within thi Other Expe	irty (30) days of th enses	e travel return date	***
*** Per Board	Policy 03.125 a	nd 03.225: "Out- Charge @	of-District Travel R	eimbursements MU	ST be submitt	ed within thi Other Expe	irty (30) days of th enses	e travel return date	
*** Per Board	Policy 03.125 a	nd 03.225: "Out- Charge @	of-District Travel R	eimbursements MU	ST be submitt	ed within thi Other Expe	irty (30) days of th enses	e travel return date	2.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out- Charge @	of-District Travel R	eimbursements MU	ST be submitt	ed within thi Other Expe	irty (30) days of th enses	e travel return date	2.***
Date Date Date ffidavit: I here mployee of Si	# Miles # Wiles by certify that a impson County S	Charge @ \$.46	Lodging Lodging ded in the above sipacity of official b	Meals Meals Meals tatement were incurusiness: that they a	Amoun Amoun	Other Expo	irty (30) days of th enses	e travel return date	2.***
Date Date Date ffidavit: I here mployee of Si harges qualifyi	# Miles # Miles by certify that a impson County Sing for reimburse	Charge @ \$.46	Lodging Lodging ded in the above sipacity of official b	Meals Meals Meals tatement were incurusiness; that they a	Amoun Amoun red by an re proper and that all	Other Expo	irty (30) days of the enses Explanation oursement Due	e travel return date	2.***
Date Date Date ffidavit: I here mployee of Si harges qualifyi	# Miles # Miles by certify that a impson County Sing for reimburse there within is true	Charge @ \$.46	Lodging ded in the above so pacity of official be simpson County Bo	Meals Meals Meals tatement were incurusiness; that they a	Amoun Amoun red by an re proper and that all	Reimb	irty (30) days of the enses Explanation oursement Due	e travel return date	2.***
Date Date Date Offidavit: I here mployee of Si harges qualifyi ata furnished I	# Miles # Miles by certify that a impson County Sing for reimburse there within is true	Charge @ \$.46	Lodging ded in the above so pacity of official be simpson County Bo	tatement were incur usiness; that they a pard of Education; ar wledge.	Amoun Amoun red by an re proper and that all	Reimb	irty (30) days of the enses Explanation oursement Due	e travel return date	2.***

Employee N	ame Kr	isten His	CVS	Date	e Submitte	ed 118/25	
School /Mor	Site F	ranklin-Sin	opson Hi	anschool			
Name of Me	eting/Confe	rence Feb.	5-8,20	75 KI	mea c	onference	
Date(s) of M	eeting/Conf	erence		Depar	ture Time	Wed, 8AM Return Ti	ime <u>Sat (aPM</u>
Place of Mee	eting/Confer	ence Louivi	ILE, WY - K	CY Convent	ion ce	ntu/Galt Hous	
Rationale fo	r Attendance	Student p	arthupating	annual	nusic	ed conference	
Expenses pa	id by:	SBDM □ PD □	I Spec Ed □ k	KETS Other (MUST Spe	ecify)0001633- C	58D
Estimated Ex							
Principal Sig Prior Superir Approv	nature: ntendent App	See policy of proval:	on back* \$0.46	eage Airfa per mile Grant/A erintendent Sign	Admin: _	Substitute Other \$100 per day Required if Expenses are F	Paid by Grant Funds Date
		eipts and signature and 03.225: "Out-of- Charge @ \$.46		mbursements MUS	T be submit	ted within thirty (30) days of t Other Expenses nt Explanation	he travel return date.*** Total
25	136	86256		8120			\$182.56
218	136	\$62.56		U(Z)			\$62.56
		II II					
				,			
employee of S	Simpson Count ying for reimbl	t all expenses includ- y Schools in the cap ursement from the Si true and correct to the	acity of official b mpson County Bo	tatement were incu usiness; that they pard of Education; a	are proper	Reimbursement Du	le \$ 245.12
employee of S	Simpson Count ying for reimbl	y Schools in the cap irsement from the Si	acity of official b mpson County Bo	tatement were incu usiness; that they pard of Education; a	are proper		Ie \$ 245.12
employee of S	Simpson Count ying for reimbu here within is	y Schools in the cap irsement from the Si	acity of official b mpson County Bo	tatement were incu usiness; that they pard of Education; a	are proper		le \$245.12
employee of Scharges qualificate furnished	simpson Count ying for reimbu here within is the properties of the	y Schools in the cap irsement from the Si	acity of official b mpson County Bo	tatement were incursiness; that they hard of Education; a wledge.	are proper	Central Office Use:	Je \$ 245.12.

Employee Name	Honshal	Date	Submitted _	1-29-25	/
School/Work Site	5 Fec				
Name of Meeting/Conference _	Feb. 6 8	1025 K	egiona	al Metro	â
Date(s) of Meeting/Conference	2.6.25	Departu	ure Time	Return Tin	ne 3:30
Place of Meeting/Conference	Elasgow	Country	Club	350 Country	y Club R
Rationale for Attendance $_$ $\mathcal L$	landatory	meenn	9	Orango u	U 19 4214
Expenses paid by:	□ PD □ Spec Ed □ k	(ETS 🖸 Other (M	/lÚST Specify)	565 FR	
Estimated Expenses:					
Principal Signature:		eage Airfar	\$100 p		Total Est. Expenses
Prior Superintendent Approval: Approved Not Approved	royad	1	19	required in Expenses are 1 ar	2/1/-
Reason		erintendent Signa	ture		Date
		crimacing circ signa			Date
Submit this section upon returni original required receipts and		AVEL EXPE	NSE REII	MBURSEMENT	REQUEST
or Smar regained receipes and	a signatures.		100000000000000000000000000000000000000		
*** Per Board Policy 03.125 and 03.22	25: "Out-of-District Travel Rei		be submitted w	ithin thirty (30) days of the	
*** Per Board Policy 03.125 and 03.22			be submitted w		
*** Per Board Policy 03.125 and 03.25	25: "Out-of-District Travel Reinge @	mbursements MUST	be submitted w	ithin thirty (30) days of the her Expenses	travel return date.***
*** Per Board Policy 03.125 and 03.25	25: "Out-of-District Travel Reinge @	mbursements MUST	be submitted w	ithin thirty (30) days of the her Expenses	travel return date.***
*** Per Board Policy 03.125 and 03.25	25: "Out-of-District Travel Reinge @	mbursements MUST	be submitted w	ithin thirty (30) days of the her Expenses	travel return date.***
*** Per Board Policy 03.125 and 03.22	25: "Out-of-District Travel Reinge @	mbursements MUST	be submitted w	ithin thirty (30) days of the her Expenses	travel return date.***
*** Per Board Policy 03.125 and 03.22	25: "Out-of-District Travel Reinge @	mbursements MUST	be submitted w	ithin thirty (30) days of the her Expenses	travel return date.***
*** Per Board Policy 03.125 and 03.25	25: "Out-of-District Travel Reinge @	mbursements MUST	be submitted w	ithin thirty (30) days of the her Expenses	travel return date.***
Date # Miles Char \$ Date # Miles S Affidavit: I hereby certify that all experemployee of Simpson County Schools	25: "Out-of-District Travel Reinge @ Lodging .46 Lodgi	Meals Meals atement were incurred siness; that they are	be submitted w Ot Amount	ithin thirty (30) days of the her Expenses	travel return date.***
Date # Miles Char \$	Lodging Lodging Lodging Lodging Lodging Lodging Lodging Lodging	Meals Meals stement were incurred siness; that they are and of Education; and	ed by an e proper	ithin thirty (30) days of the her Expenses Explanation	travel return date.***
Date # Miles Char \$ Date # Miles Char \$ Affidavit: I hereby certify that all experemployee of Simpson County Schools charges qualifying for reimbursement data furnished here within is true and contains the county of the coun	Lodging Lodging Lodging Lodging Lodging Lodging Lodging Lodging	Meals Meals Attement were incurred siness; that they are aird of Education; and alledge.	ed by an e proper I that all	Reimbursement Due	travel return date.***
Date # Miles Char \$ Date # Miles S Affidavit: I hereby certify that all experiments county Schools charges qualifying for reimbursement.	Lodging Lodging Lodging Lodging Lodging Lodging Lodging Lodging	Meals Meals stement were incurred siness; that they are and of Education; and	ed by an e proper I that all	ithin thirty (30) days of the her Expenses Explanation Reimbursement Due	travel return date.***

Employee Name Lisa Hopson	Date Submitted
School/Work Site FSHS CTE /	Hausth Science
Name of Meeting/Conference HOSA SHE	4 Conference
Date(s) of Meeting/Conference MWW 21 - 2	7, 2015 Departure Time 8:15 AM Return Time 2:30 pm
Place of Meeting/Conference Crown Plu	
	compete in health care events
	DIKETS DOTHER LOCAL
	LIKETS POLITEI
Estimated Expenses:	Mileage Airfare Substitute Other Total Est. Expenses
Registration Lodging Meals See policy on back*	Mileage Airfare Substitute Other Total Est. Expenses 50.41 per mile \$100 per day
\$75.00 \$399.98 \$8000	C \$200.00 - \$754.98
	Grant/Admin: Bugillo Kill
Principal Signature: Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	H861
Reason	Superintendent Signature Date
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave Date # Miles \$.41 Lodging	Other Explanation Other Explanation Other Explanation
and the same of th	
we' d	
are a second of the second of the second	No statement were incurred by an Reimbursement Due
Affidavit: I hereby certify that all expenses included in the aboremployee of Simpson County Schools in the capacity of offic charges qualifying for reimbursement from the Simpson Coundata furnished here within is true and correct to the best of my	ty Board of Education; and that all
	Coding
Employee Signature	Date Coding
Supervisor Signature	Date CFO Approval

Employee Na	ame	Dryan J	anes	Date	e Submitte	d		
School/Worl	c Site	FSHS						
Name of Me	eting/Confer	ence FB	LA Region	2 Confere	ence			
Date(s) of M	eeting/Confe	rence	3 6 + 3 / 7	Depar	ture Time		Return Tin	ne
Place of Mee	eting/Confere	ence	WKU ;	~ Bowlin	g Gren	en, K	Υ	
Rationale for	r Attendance	Prepar	ing + Wo	rking on	FBLA "	Kegion	2 Contere.	ne
Expenses pai	id by:	SBDM □ PD	☐ Spec Ed ☐ k	(ETS D Other (MUST Spec	cify)	Subs PE	SLA
Estimated Ex								
Registratio	n Lodgi	•		eage Airfa per mile		ubstitute 100 per day	Other	Total Est. Expenses
-0-	_6			50			-0-	#200
Principal Sign	nature: /	12		Grant/A	Admin:			
	tendent App	roval:	,		111		d if Expenses are Pa	id by Grant Funds
Approv	/edNo	ot Approved			VW.			2/24/25
Reason			Sup	erintendent Sigr	nature			Date
Uniginal	required recei	A STATE OF THE PARTY OF THE PAR						
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	The second secon	mbursements MUS	T be submitt			e travel return date.***
*** Per Board Date	Policy 03.125 a # Miles		The second secon	mbursements MUS Meals	T be submitt Amoun	Other Exp		e travel return date.*** Total
	M 55. 31 6	nd 03.225: "Out-o Charge @	f-District Travel Rei			Other Exp	enses	The state of XII
	M 55. 31 6	nd 03.225: "Out-o Charge @	f-District Travel Rei			Other Exp	enses	The state of XII
	M 55. 31 6	nd 03.225: "Out-o Charge @	f-District Travel Rei			Other Exp	enses	The state of XII
	M 55. 31 6	nd 03.225: "Out-o Charge @	f-District Travel Rei			Other Exp	enses	The state of XII
	M 55. 31 6	nd 03.225: "Out-o Charge @	f-District Travel Rei			Other Exp	enses	The state of XII
	M 55. 31 6	nd 03.225: "Out-o Charge @	f-District Travel Rei			Other Exp	enses	The state of XII
	M 55. 31 6	nd 03.225: "Out-o Charge @	f-District Travel Rei			Other Exp	enses	The state of XII
Date	# Miles	nd 03.225: "Out-o Charge @ \$.46	f-District Travel Rei	Meals	Amoun	Other Exp	enses Explanation	Total
Date Affidavit: I here employee of S	# Miles	nd 03.225: "Out-o Charge @ \$.46	Lodging Lodging ded in the above st	Meals atement were incursiness; that they a	Amoun	Other Exp	enses	Total
Affidavit: I here employee of S charges qualify	# Miles eby certify that impson County ring for reimbur.	charge @ \$.46 s.46 all expenses inclusions in the casement from the	Lodging Lodging ded in the above st	atement were incursiness; that they a	Amoun	Other Exp	enses Explanation	Total
Affidavit: I here employee of S charges qualify	# Miles eby certify that impson County ring for reimbur.	charge @ \$.46 s.46 all expenses inclusions in the casement from the	Lodging Lodging ded in the above stapacity of official businesson County Bo	atement were incursiness; that they a	Amoun	Reim Central C	enses Explanation bursement Due	Total
Affidavit: I here employee of S charges qualify	# Miles eby certify that impson County ing for reimbur. here within is tr	charge @ \$.46 s.46 all expenses inclusions in the casement from the	Lodging Lodging ded in the above stapacity of official businesson County Bo	atement were incursiness; that they a	Amoun	Other Exp	enses Explanation bursement Due	Total

Employee Name Denisha Kirby	Date Submitt	ed_1/6/25	
School/Work Site FES			
Name of Meeting/Conference KSHA S	LP Conference		
Date(s) of Meeting/Conference 2/26 - 2/	Departure Time	e 6 AM Return Time	e 6PM
Place of Meeting/ConferenceLexing t			
Rationale for Attendance _ state conf	erence - continuing	education	
Expenses paid by: 🗆 SBDM 🗆 PD 🗀 Spec	Ed KETS Other (MUST Spe	ecify)	
Estimated Expenses:			
Registration Lodging Meals See policy on back*	Militage	Substitute Other T \$100 per day	otal Est. Expenses
185.00 315.71 120.00 (P.O. sent)			435.71
Principal Signature:	23/35 Grant/Admin: _	Xelly Rate	/ 1
Prior Superintendent Approval:	1 -1	Required Expenses are Paid	by Grant Funds
Approved Not Approved	A-82		2/4/25
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 submi	itted within thirty (30) days of the	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District	Travel Reimbursements MUST be submi	Other Expenses	travel return date.*** Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lod	lging Meals	Other Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lod	lging Meals	Other Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lod	lging Meals	Other Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lod	lging Meals	Other Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lod	lging Meals	Other Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lod	lging Meals	Other Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lod	lging Meals	Other Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lod	lging Meals	Other Expenses unt Explanation	
Date # Miles Charge Lod \$.46 Lod Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of	e above statement were incurred by an forficial business; that they are proper	Other Expenses unt Explanation Reimbursement Due	
Date # Miles Charge Lod S.46 Lod Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson of the county of the charges and the county of the capacity of charges qualifying for reimbursement from the Simpson of the capacity of charges qualifying for reimbursement from the Simpson of the capacity of the capacity of charges qualifying for reimbursement from the Simpson of the capacity of the cap	e above statement were incurred by an fofficial business; that they are proper County Board of Education; and that all	Other Expenses unt Explanation Reimbursement Due	
Date # Miles Charge Lod \$.46 Lod Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of	e above statement were incurred by an fofficial business; that they are proper County Board of Education; and that all	Other Expenses unt Explanation Reimbursement Due	
Date # Miles Charge Lod \$.46 Lod \$.46 Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson data furnished here within is true and correct to the best of the capacity o	e above statement were incurred by an fofficial business; that they are proper County Board of Education; and that all of my knowledge.	Other Expenses unt Explanation Reimbursement Due	
Date # Miles Charge Lod S.46 Lod Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson of the county of the charges and the county of the capacity of charges qualifying for reimbursement from the Simpson of the capacity of charges qualifying for reimbursement from the Simpson of the capacity of the capacity of charges qualifying for reimbursement from the Simpson of the capacity of the cap	e above statement were incurred by an fofficial business; that they are proper County Board of Education; and that all	Reimbursement Due Central Office Use:	

Employee Name Shalle Mani	<u> </u>	Date Submitted	01 27 2025	
School/Work Site Franklin- Sim	oson than s	School	• •	
Name of Meeting/Conference COUNS	Inc conne	chon		
Date(s) of Meeting/Conference	28 2025 De	parture Time	Return Ti	me 3pm
Place of Meeting/Conference GRREC				
Rationale for Attendance Continued				
Expenses paid by: SBDM PD Spe	ec Ed	er (MUST Specif	y)	
Estimated Expenses:				
Registration Lodging Meals See policy on back			ostitute Other Oper day	Total Est. Expenses
Principal Signature:	Gra	nt/Admin:	Required if Expenses are Pa	aid by Grant Funds
Prior Superintendent Approval: Approved Not Approved		+5h		babs
Reason	Superintendent	Signature		Date
Submit this section upon returning. Include any original required receipts and signatures.	TRAVEL EX	PENSE RE	IMBURSEMEN	T REQUEST
AND DESCRIPTION OF THE PERSON			table abies, (20) days of the	
*** Per Board Policy 03.125 and 03.225: "Out-of-Distri			within thirty (30) days of th Other Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-Distri	odging Meals			e travel return date.*** Total
*** Per Board Policy 03.125 and 03.225: "Out-of-Distriction Charge @ 10			Other Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-Distriction Charge @ 10			Other Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-Distriction Charge @ 10			Other Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-Distriction Charge @ 10			Other Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-Distriction Charge @ 10			Other Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-Distriction Charge @ 10			Other Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-Distriction Charge @ 10			Other Expenses	
Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ \$.46	odging Meals	Amount	Other Expenses Explanation	Total
Date # Miles Charge @ \$.46 Date # Miles \$.46 Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity	the above statement were of official business; that the	Amount incurred by an ney are proper	Other Expenses	Total
Date # Miles Charge @ \$.46 Charge @ \$.46	the above statement were of official business; that the County Board of Education	incurred by an ney are proper on; and that all	Other Expenses Explanation	Total
Date # Miles Charge @ \$.46 Affidavit: I hereby certify that all expenses included in the 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 best	the above statement were of official business; that the County Board of Education	incurred by an ley are proper in; and that all	Explanation Explanation Reimbursement Due	Total
Per Board Policy 03.125 and 03.225: "Out-of-District Date # Miles Charge @ \$.46 Affidavit: I hereby certify that all expenses included in the temployee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson	the above statement were of official business; that the n County Board of Education of my knowledge.	incurred by an ley are proper in; and that all	Reimbursement Due	Total

Employee Hank	e <u> </u>	yia Mi	Coy	Dat	e Submitte	d	1/w/2	
School/Work Sit	te FE	5	1920					
Name of Meetir	ng/Conferer	nce KSH	A SLP	Conference	ce			
Date(s) of Meet	ting/Confere	ence 2/21	0-2/28	Depar	ture Time	(0 A)	√ _Return Tir	me <u>5PM</u>
Place of Meetin	ng/Conferen	ceLo	kington,	KY				
Rationale for At	ttendance _	State	Conferer	ce - con	tinuin	g e	ducation	
Expenses paid b		BDM 🗆 PD	□ Spec Ed □ K	ETS Other (MUST Spe	cify)		
Estimated Expe	enses:							
Registration	Lodging	g Me See policy		eage Airfa er mile		ubstitut 100 per da		Total Est. Expenses
185.00 Po sent		120.		3.24 _	_			278. 24
Principal Signat	ure: 🏒	Willeson	1 2/3	35 Grant/	Admin:	ele	y baker	
Prior Superinter	ndent Appro	oval:	•	1	-10	Requ	lired if Expenses are Pa	aid by Grant Funds
		Approved			she			2028
Reason			Supe	erintendent Sigi	nature			Date
original req		ts and signatur					BURSEMEN	
	ncy 03.125 and		Seath, Nicke		T be submit		Expenses	
Date	# Miles	Charge @ \$.46	Lodging	Meals	Amour	Other		Total
		Charge @	Seath, Nicke			Other	Expenses	
		Charge @	Seath, Nicke			Other	Expenses	
		Charge @	Seath, Nicke			Other	Expenses	
		Charge @	Seath, Nicke			Other	Expenses	
		Charge @	Seath, Nicke			Other	Expenses	
		Charge @	Seath, Nicke			Other	Expenses	
		Charge @	Seath, Nicke			Other	Expenses	
Date Affidavit: I hereby	# Miles	Charge @ \$.46	Lodging	Meals	Amour	Other	Expenses	Total
Affidavit: I hereby employee of Simp charges qualifying	# Miles / certify that alpson County S	Charge @ \$.46	Lodging	Meals atement were incusiness; that they ard of Education; a	Amour	Other	Explanation Explanation	Total
Affidavit: I hereby employee of Simp charges qualifying	# Miles / certify that alpson County S	Charge @ \$.46	Lodging ded in the above st pacity of official bu Simpson County Bo	Meals atement were incusiness; that they ard of Education; a	Amour	Other	Explanation Explanation	Total
Affidavit: I hereby employee of Simp charges qualifying	# Miles / certify that alpson County Sg for reimbursere within is tru	Charge @ \$.46	Lodging ded in the above st pacity of official bu Simpson County Bo	Meals atement were incusiness; that they ard of Education; a	Amour	Other	Explanation Explanation eimbursement Due al Office Use:	Total

Employee Name School/Work Site Name of Meeting/Conference Date(s) of Meeting/Conference Place of Meeting/Conference Rationale for Attendance Expenses paid by: SBDM PD Spec Ed Estimated Expenses:	Departure Time Plaza II p Session KETS Other (MUST Spe	rille Prify)	otal Est. Expenses
See policy on back* \$	A STATE OF THE PARTY OF THE PAR	5100 per day	912,6
Principal Signature:	Grant/Admin: Superintendent Signature	Required if Expenses are Paid	by Grant Funds 2/8/25 Date
Submit this section upon returning. Include any original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District Trave	TRAVEL EXPENSE F		
Date # Miles Charge @ Lodging	But GUNGAFON TO SEE	Other Expenses	Total
	29 AQC	Or postration	210059
21Jan 130 59,80 15/,7		. 713	11000
21 Jan 130 59.80 15/,7	9		151,79
21 Jan 130 59.80 15/,7 22 , — 151.7 23 Jan 116 53.36 —	9		151,79 53,36
22 , — — 151,7	7		151,79 53,36
22 · — — 151.7 23 Jan 116 53.36 —	9	Reimbursement Due	151,79 53,36
22 , — — 151,7	ial business; that they are proper ty Board of Education; and that all knowledge.	Reimbursement Due Central Office Use:	915.79
Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of office charges qualifying for reimbur sement from the Simpson County.	ial business; that they are proper by Board of Education; and that all		915.79 915.79

Employee N	ame M	ichelle	Marreis	On Date	e Submitted	21246)5
	k Site	PSH5	CTE	: / Health	7 54	ence	
	eeting/Confere	ence #K	SA SX		Herenc	•	
Date(s) of N	leeting/Confe	rence MOO	1 20-20,	2025 Depar	ture Time 2	Return	Time 2:30 pm
Place of Me	eting/Confere	nce Crou	une Plaz	a Loui	sville	KY	
Rationale fo	r Attendance	Studer	115 to	Compete	inh	alth core ev	ients
Expenses pa	aid by:	BDM □ PD	□ Spec Ed □	KETS Dother (MUST Speci	fy) Local	
Estimated E	xpenses:					7.1	
Registration 875 M	DON LODGIN	See polic		leage Airfa		bstitute Other	Total Est. Expenses
Principal Sig Prior Superin Appro Reason	ntendent App	roval: of Approved	Suj	Grant//	M	Required if Expenses are	Paid by Grant Funds 2/25/25 Date
		returning, inclu pts and signatu		AVEL EXP	ENSE RE	IMBURSEME	NT REQUEST
	coming a facility of the first war a commence of the contract of	the street of th	The state of the s	imbursements MUS	T be submitted	d within thirty (30) days of Other Expenses Explanation	the travel return date.*** Total
*** Per Board	Policy 03.125 at	nd 03.225: "Out-o Charge @	of-District Travel Re			Other Expenses	
*** Per Board	Policy 03.125 at	nd 03.225: "Out-o Charge @	of-District Travel Re			Other Expenses	
*** Per Board	Policy 03.125 at	nd 03.225: "Out-o Charge @	of-District Travel Re			Other Expenses	
*** Per Board	Policy 03.125 at	nd 03.225: "Out-o Charge @	of-District Travel Re			Other Expenses	
*** Per Board	Policy 03.125 at	nd 03.225: "Out-o Charge @	of-District Travel Re			Other Expenses	
*** Per Board	Policy 03.125 at	nd 03.225: "Out-o Charge @	of-District Travel Re			Other Expenses	
*** Per Board	Policy 03.125 at	nd 03.225: "Out-o Charge @	of-District Travel Re			Other Expenses	
Date Affidavit: I her	# Miles	charge @ \$.46	Lodging Lodging	Meals	Amount	Other Expenses	Total
Date Affidavit: I heremployee of Scharges qualif	# Miles # Miles reby certify that Simpson County Tying for reimbur.	charge @ \$.46 s.46 all expenses incluses the consequent from the	Lodging Lodging ded in the above sapacity of official I	Meals Statement were incu- pusiness; that they a pard of Education; a	Amount rred by an are proper and that all	Other Expenses Explanation	Total
Date Affidavit: I heremployee of Scharges qualif	# Miles # Miles reby certify that Simpson County Tying for reimburd here within is tr	charge @ \$.46 s.46 all expenses incluses the consequent from the	Lodging Lodging ded in the above sapacity of official I Simpson County B	Meals Statement were incurrences; that they are part of Education; and wledge.	Amount arred by an are proper and that all	Explanation Explanation Reimbursement D	Total

Employee Name	ostin Mitche	211	Date	Submitted	d 2	13 25		
School/Work Site								
Name of Meeting/Con	ference Hunt's	Institute (sowners Ad	wisers k	letreat			
Date(s) of Meeting/Co	nference Z/2	20-2/21	Depart	ure Time _	2/19 6	Return	Time _2	123 4:00pm
Place of Meeting/Conf								
Rationale for Attendar Expenses paid by:	nce Rep. EPS	B on the to	are I teacher	retention	1 +	reconstruct	/ ^ ~	
Expenses paid by:	□ SBDM □ PD	☐ Spec Ed ☐ k	ETS Other (N	MUST Spec	cify) <u>E</u>	PSB/K	DE	
Estimated Expenses:						2)		
Principal Signature: Prior Superintendent A Approved Reason	See police Approval: Not Approved	y on back* \$0.46	eage Airfai	.dmin:	ubstitute 100 per day 700 Requi		#	rant Funds Date
Original regarder.	eceipts and signatu				سلطفانية لتي	Altimir (20) along a	ef the turned	QUEST
*** Per Board Policy 03.1 Date # Miles	25 and 03.225: "Out-o	of-District Travel Rei			Other E	thirty (30) days of Expenses Explanation	of the trave	
*** Per Board Policy 03.1	25 and 03.225: "Out-o	of-District Travel Rei	mbursements MUST	T be submitt	Other E	Expenses	of the trave	return date.***
*** Per Board Policy 03.1	25 and 03.225: "Out-o	of-District Travel Rei	mbursements MUST	T be submitt	Other E	Expenses	of the travel	return date.***
*** Per Board Policy 03.1	25 and 03.225: "Out-o	of-District Travel Rei	mbursements MUST	T be submitt	Other E	Expenses	of the travel	return date.***
*** Per Board Policy 03.1	25 and 03.225: "Out-o	of-District Travel Rei	mbursements MUST	T be submitt	Other E	Expenses	of the travel	return date.***
*** Per Board Policy 03.1	25 and 03.225: "Out-o	of-District Travel Rei	mbursements MUST	T be submitt	Other E	Expenses	of the travel	return date.***
*** Per Board Policy 03.1	25 and 03.225: "Out-o	of-District Travel Rei	mbursements MUST	T be submitt	Other E	Expenses	of the travel	return date.***
*** Per Board Policy 03.1	25 and 03.225: "Out-o	of-District Travel Rei	mbursements MUST	T be submitt	Other E	Explanation Explanation		return date.***
Date # Miles Affidavit: I hereby certify employee of Simpson Co	Charge @ \$.46 Sharper state of the charge included that all expenses included that all expenses in the charge state of the charge in the char	Lodging Lodging Lodging Loded in the above stapacity of official b	Meals Meals Attement were incurusiness; that they a	Amoun Amoun rred by an are proper	Other E	Expenses		return date.***
Date # Mile: Affidavit: I hereby certify	Charge @ \$.46 that all expenses includintly Schools in the combursement from the	Lodging Lodging Ided in the above stapacity of official b Simpson County Bo	Meals Meals tatement were incurusiness; that they a pard of Education; and	Amoun Amoun rred by an are proper	Other E	Explanation Explanation		return date.***
Affidavit: I hereby certify employee of Simpson Cocharges qualifying for rein	Charge @ \$.46 that all expenses includintly Schools in the combursement from the	Lodging Lodging Ided in the above stapacity of official b Simpson County Bo	Meals Meals tatement were incurusiness; that they a pard of Education; and	Amount Am	Re Centra	Explanation Explanation imbursement I Office Use:		return date.***
Affidavit: I hereby certify employee of Simpson Cocharges qualifying for rein	Charge @ \$.46 that all expenses includintly Schools in the combursement from the	Lodging Lodging Ided in the above stapacity of official b Simpson County Bo	Meals Meals Attenuent were incur usiness; that they a pard of Education; an	Amount Am	Other E	Explanation Explanation imbursement I Office Use:		return date.***

Employee Name 5	am Northern	Date S	ubmitted 2/3/2025	
School/Work Site S &				
Name of Meeting/Confer				
Date(s) of Meeting/Confe	erence $3/n - 3/13/2$	S Departu	re Time 6/M 3/11 Re	turn Time Gpm 3/13
	ence Louisville, K)			
Rationale for Attendance	SBDM PD Spec Ed	ional Learning		
Expenses paid by:	SBDM M PD ☐ Spec Ed	☐ KETS ☐ Other (M	UST Specify)	
Estimated Expenses:				
Registration Lodg	See policy on back*	Mileage Airfare	Substitute Ot \$100 per day	her Total Est. Expenses
	00	120	X , .	
Principal Signature:		Grant/Ad		mull
Prior Superintendent App	oroval:	\mathcal{A}	Required if Expen	ses are Paid by Grant Funds
N	ot Approved		8h	
Reason		Superintendent Signa	ture	Date
Submit this section upor original required rece		TRAVEL EXPE	NSE REIMBURSE	MENT REQUEST
		el Reimbursements MUST l	e submitted within thirty (30)	days of the travel return date.***
	and 03.225: "Out-of-District Trave		Other Expenses	days of the travel return date.*** Total
*** Per Board Policy 03.125	and 03.225: "Out-of-District Trav			Total
*** Per Board Policy 03.125	and 03.225: "Out-of-District Trave		Other Expenses	Total
*** Per Board Policy 03.125	and 03.225: "Out-of-District Trave		Other Expenses	Total
*** Per Board Policy 03.125	and 03.225: "Out-of-District Trave		Other Expenses	Total
*** Per Board Policy 03.125	and 03.225: "Out-of-District Trave		Other Expenses	Total
*** Per Board Policy 03.125	and 03.225: "Out-of-District Trave		Other Expenses	Total
*** Per Board Policy 03.125	and 03.225: "Out-of-District Trave		Other Expenses	Total
*** Per Board Policy 03.125	and 03.225: "Out-of-District Trave		Other Expenses	Total
Date # Miles Affidavit: I hereby certify that	Charge @ Lodging \$.46 Lodging	Meals Ove statement were incurred	Other Expenses Amount Explana and by an Reimbursem	tion
Date # Miles Date # Miles Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbu	and 03.225: "Out-of-District Trave	ove statement were incurrecial business; that they are the board of Education; and	Other Expenses Amount Explana d by an proper	tion Total
Date # Miles Date # Miles Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbu	Charge @ Lodging \$.46 Lodging t all expenses included in the above Schools in the capacity of officersement from the Simpson Countries.	ove statement were incurrecial business; that they are the board of Education; and	Other Expenses Amount Explana d by an proper that all	tion Total
Date # Miles Date # Miles Affidavit: I hereby certify that employee of Simpson Country charges qualifying for reimbut data furnished here within is to the second country of t	Charge @ Lodging \$.46 Lodging t all expenses included in the above Schools in the capacity of officersement from the Simpson Countries.	ove statement were incurrecial business; that they are the board of Education; and	Other Expenses Amount Explana d by an proper that all	tion Total
Date # Miles Date # Miles Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbu	Charge @ Lodging \$.46 Lodging t all expenses included in the above Schools in the capacity of officersement from the Simpson Countries.	ove statement were incurred in the state of Education; and who knowledge.	Other Expenses Amount Explana d by an proper that all Central Office Us	tion Total

Employee Name Octavia	Patterson	Date Submitte	d 2/28/2025	
School/Work Site ES			1 1	
	enaissance) .	at 12:40 - Tuly 1 St	-17
Date(s) of Meeting/Conference	ine 27-30	Departure Time	4:25 am Return Time	e/2:40 am
\mathcal{C}	in Diego (alitornia		
/ I.	11)01			
Mationale for Fitterination		ate	city District Fr	
Expenses paid by: SBDM P	D □ Spec Ed □ KETS □	Other (MUST Spe	cify) DISTRICT TO	unds
Estimated Expenses:				
Registration Lodging See 50500 500 300 Principal Signature: Prior Superintendent Approval: Approved Not Approved Reason	d		Required if Expenses are Paid	2/50 aby Grant Funds Date
Submit this section upon returning. I original required receipts and sign *** Per Board Policy 03.125 and 03.225: "Charge @ Date # Miles \$.46	Dut-of-District Travel Reimbursem	ents MUST be submitt	Other Expenses	
original required receipts and sign *** Per Board Policy 03.125 and 03.225: "Charge @	Dut-of-District Travel Reimbursem	ents MUST be submitt	ted within thirty (30) days of the Other Expenses	travel return date.***
original required receipts and sign *** Per Board Policy 03.125 and 03.225: "Charge @	Dut-of-District Travel Reimbursem	ents MUST be submitt	ted within thirty (30) days of the Other Expenses	travel return date.***
original required receipts and sign *** Per Board Policy 03.125 and 03.225: "Charge @	Dut-of-District Travel Reimbursem	ents MUST be submitt	ted within thirty (30) days of the Other Expenses	travel return date.***
original required receipts and sign *** Per Board Policy 03.125 and 03.225: "Charge @	Dut-of-District Travel Reimbursem	ents MUST be submitt	ted within thirty (30) days of the Other Expenses	travel return date.***
original required receipts and sign *** Per Board Policy 03.125 and 03.225: "Charge @	Dut-of-District Travel Reimbursem	ents MUST be submitt	ted within thirty (30) days of the Other Expenses	travel return date.***
original required receipts and sign *** Per Board Policy 03.125 and 03.225: "Charge @	Dut-of-District Travel Reimbursem	ents MUST be submitt	ted within thirty (30) days of the Other Expenses	travel return date.***
original required receipts and sign *** Per Board Policy 03.125 and 03.225: "Charge @	Dut-of-District Travel Reimbursem	ents MUST be submitt	ted within thirty (30) days of the Other Expenses	travel return date.***
original required receipts and sign *** Per Board Policy 03.125 and 03.225: "Charge @	included in the above statement the capacity of official business; the Simpson County Board of Edit	ents MUST be submitted. Amour Amour were incurred by an ant they are proper	ted within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board Policy 03.125 and 03.225: "C Date # Miles Charge © \$.46 Affidavit: I hereby certify that all expenses employee of Simpson County Schools in transparency qualifying for reimbursement from	Lodging Me Lodging Me included in the above statement of the capacity of official business; the Simpson County Board of Education to the best of my knowledge.	ents MUST be submitted. Amour Amour were incurred by an ant they are proper	nt Explanation Reimbursement Due	travel return date.***

Employee Name Abig	ail Phill	ips	Date S	Submitted 2-2	5-2025	
School/Work Site FST	15	. 10	Maatus	Loodonda	in the Con	010 (0
Name of Meeting/Conference Date(s) of Meeting/Confe	ence Kan	n Kiver	Region	Leggeryn	ip conter	2014
		•			Return Tim	e SPIVI
Place of Meeting/Confere		10.54				
Rationale for Attendance	Leadersh	nip/studer	it frouth		2 - 2 8	
Expenses paid by:	BDM □ PD [Spec Ed KE	TS Other (M	UST Specify) <u>\</u>	SDM	
Estimated Expenses:						
Registration Lodgi	ng Mea See policy			Substitute \$100 per day	Other 1	Total Est. Expenses
	See pone,	ON Sack		100		100
Principal Signature:	Ch		Grant/Ad	min:		
Prior Superintendent App	royal:		1	Requir	ed if Expenses are Paid	d by Grant Funds
Approved No	Approved		18	M		2/25/24
Reason		Super	intendent Signat	ture		Date
original required receives Per Board Policy 03.125 a Date # Miles		351				
CSM EQUITA LAST INFORMATIONS						
				On:		
Affidavit: I hereby certify that employee of Simpson County	Schools in the ca	pacity of official bus	iness; that they are	proper	mbursement Due	
employee of Simpson County charges qualifying for reimbur data furnished here within is to	Schools in the cap resement from the Strue and correct to the	pacity of official bus impson County Boar	iness; that they are d of Education; and	proper that all	mbursement Due Office Use:	
employee of Simpson County charges qualifying for reimbur data furnished here within is to	Schools in the cap resement from the Strue and correct to the	pacity of official bus impson County Boar	iness; that they are d of Education; and edge.	e proper that all		
employee of Simpson County charges qualifying for reimbur data furnished here within is to	Schools in the cap resement from the Strue and correct to the	pacity of official bus impson County Boar	iness; that they are d of Education; and	proper that all		

Employee N	ame Ko	te Rash)	Date	e Submitted	1/ne 125	
School/Wor	k Site	FES					
Name of Me	eting/Confere	ence VS	HA SLP	Confere	nce		150
Date(s) of N	leeting/Confer	rence 2/21	2-2/28	Depar	ture Time <u>lo</u>	Return Time	<u> 6</u> P
Place of Me	eting/Confere	nce Lex	ingtoni	KY			
Rationale fo	r Attendance	State	Conferen	ce - ci	putinuin	g ed.	
Expenses pa	aid by: 🔲 S	BDM 🗆 PD	□ Spec Ed □ KE	TS 🗆 Other (MUST Specify)		
Estimated E	xpenses:						
Registratio	on Lodgin		eals Milea y on back* \$0.46 pe		are Substi \$100 pe		otal Est. Expenses
\$ 185.00 PO Sect	t -		, oo	-			0.051
Principal Sig		MUHUN	8/11 9/2/6	Grant/		equired if Expenses are Paid	by Grant Funds
	ntendent Api			1	Cl. 1"	edanea Mexhenses are Laid	2/6/25
	ved No		Suppl	rintendent Sigi	nature		Date
Neason			Supe	millendent sigi			
original	s section upon I I required recei	pts and signatu	res.			ABURSEMENT thin thirty (30) days of the t	
rer board		Id OJ.ZZJ. Out	I DISCIPL HUBEL INCH				
REUN L	# Miles	Charge @		Meals	Otl	ner Expenses	Total
Date		TOTAL 17 17	Lodging				COUNTY THE REAL PROPERTY.
THE VALUE		Charge @			Otl	ner Expenses	COUNTY THE REAL PROPERTY.
THE VALUE		Charge @			Otl	ner Expenses	COUNTY THE REAL PROPERTY.
REUN L		Charge @			Otl	ner Expenses	COUNTY THE REAL PROPERTY.
THE VALUE		Charge @			Otl	ner Expenses	COUNTY THE REAL PROPERTY.
THE VALUE		Charge @			Otl	ner Expenses	COUNTY THE REAL PROPERTY.
REUN L		Charge @			Otl	ner Expenses	COUNTY THE REAL PROPERTY.
THE VALUE		Charge @			Otl	ner Expenses	COUNTY THE REAL PROPERTY.
Date	# Miles	Charge @ \$.46	Lodging	Meals	Oth Amount	ner Expenses	COUNTY THE REAL PROPERTY.
Affidavit: I he employee of charges quali	# Miles reby certify that Simpson County fying for reimburs	Charge @ \$.46 all expenses inclusions of the consequent from the consequence from th		Meals tement were incusiness; that they rd of Education; a	Amount Arred by an are proper and that all	ner Expenses Explanation	COUNTY THE REAL PROPERTY.
Date Affidavit: I he employee of charges quality	# Miles reby certify that Simpson County fying for reimburs	Charge @ \$.46 all expenses inclusions of the consequent from the consequence from th	Lodging Ided in the above state apacity of official bus Simpson County Boa	Meals tement were incusiness; that they rd of Education; a	Amount Arred by an are proper and that all	Explanation Reimbursement Due	COUNTY THE REAL PROPERTY.
Date Affidavit: I he employee of charges quality	# Miles Preby certify that Simpson County fying for reimburs d here within is tr	Charge @ \$.46 all expenses inclusions of the consequent from the consequence from th	Lodging Ided in the above state apacity of official bus Simpson County Boa	Meals tement were incusiness; that they rd of Education; a	Amount arred by an are proper and that all	Explanation Reimbursement Due	COUNTY THE REAL PROPERTY.

Employee N	ame SW	ah Rich	nardsor) Date	Submitte	d 2	13/202	.5
School/Worl	k Site	entral 1	iffice				/	
Name of Me	eting/Confer	ence KSh	JA KY L	SH LATIVE Depart	e AU	non	/fredin	ig Kentruck
Date(s) of M	leeting/Confe	rence 2/18	1/2025	Depart	ture Time	5:30 A	M Return Ti	me 5: 00pm
Place of Mee	eting/Confere	ence Ky St	ate Cap					
Rationale fo	r Attendance	Meeting	W legisla	etars abo	ut S	Lool	nutnt	
Expenses pa	id by: 🗆 🤄	SBDM □ PD	□ Spec Ed □ k	ctors abo	MUST Spec	cify) 10	od Sen	re
Estimated Ex				•				
Registratio	on Lodgi			eage Airfa per mile . 40		u bstitute 100 per day	Other	Total Est. Expenses
Prior Superin			Sup	Grant/A erintendent Sign	l	Require	d if Expenses are F	2/14/25 Date
	Ledniien iere	ipts and signatu	(ES)		-110- 11			IT REQUEST
		ipts and signatu ind 03.225: "Out-o Charge @ \$.46	The state of the s			ed within th Other Exp	irty (30) days of t	he travel return date.** Total
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel Rei	mbursements MUS	T be submitt	ed within th Other Exp	irty (30) days of t	he travel return date.**
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel Rei	mbursements MUS	T be submitt	ed within th Other Exp	irty (30) days of t	he travel return date.**
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel Rei	mbursements MUS	T be submitt	ed within th Other Exp	irty (30) days of t	he travel return date.**
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel Rei	mbursements MUS	T be submitt	ed within th Other Exp	irty (30) days of t	he travel return date.**
*** Per Board	# Miles	nd 03.225: "Out-o	of-District Travel Rei	Meals Meals	Amoun	other Exp	irty (30) days of to penses Explanation	Total
Date Affidavit: I he employee of charges qualif	# Miles # Miles reby certify that Simpson County fying for reimbur	charge @ \$.46 s.46 all expenses inclusive Schools in the corsement from the	Lodging Lodging Lodging Ided in the above stapacity of official b	Meals Meals tatement were incursiness; that they apard of Education; a	Amoun Amoun rred by an are proper	Other Exp	irty (30) days of t	Total
Date Affidavit: I he employee of charges qualif	# Miles # Miles reby certify that Simpson County fying for reimbur d here within is t	charge @ \$.46 s.46 all expenses inclusive Schools in the corsement from the	Lodging Lodging Lodging Ided in the above stapacity of official b	Meals Meals tatement were incursiness; that they apard of Education; a	Amoun Amoun rred by an are proper	Other Exp	hirty (30) days of to benses Explanation The property of the	Total

Employee Name	Betha	ny Schalk		Date Submitt	ed 2/21	/2025		
School/Work Site								
Name of Meeting/Cor		Barre River Reg	gion FFA Leadersl	hip Conference				
Date(s) of Meeting/Co			D	eparture Time	8:00	Return T	ime2:30	
Place of Meeting/Con	ference	Cave City Conve	ention Center					
Rationale for Attenda	nces	tudents will learn fro	m guest speakers	and take part in le	eadership works	shops to prepare	to run for Chapter C	Office.
Expenses paid by:	□ SBDM □ PE	O □ Spec Ed	KETS O	ther (MUST Sp	ecify)	recol for	d? H	1
Estimated Expenses:					'(Si	is expense	only)	
Registration Lo	odging See p		Mileage 0.46 per mile	The second secon	Substitute \$100 per day	Other	Total Est. Expe	enses
0 0	0	1	0	10	00	0	100	
Principal Signature:	AUG)	14 -	Gr	rant/Admin:				
Prior Superintendent	10-10			1	Required	if Expenses are F	Paid by Grant Fund	s
Approved	Not Approved	l			Sh		2/25	25
Reason			Superintenden	t Signature			Da	te
Submit this section u original required r			TRAVEL E	XPENSE	REIMBU	IRSEMEN	IT REQUE	ST
			D-1					
*** Per Board Policy 03.1	.25 and 03.225: "O	ut-of-District Travel	THE PERSON NAMED IN	s MUST be subm		rty (30) days of t	he travel return d	
	.25 and 03.225: "O	ut-of-District Travel	Reimbursement Meals	s MUST be subm	tted within thi Other Expe	rty (30) days of t		
*** Per Board Policy 03.1	25 and 03.225: "O Charge @	ut-of-District Travel	THE PERSON NAMED IN	s MUST be subm	tted within thi Other Expe	rty (30) days of t	he travel return d	
*** Per Board Policy 03.1	25 and 03.225: "O Charge @	ut-of-District Travel	THE PERSON NAMED IN	s MUST be subm	tted within thi Other Expe	rty (30) days of t	he travel return d	
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*** Per Board Policy 03.1	25 and 03.225: "O Charge @	ut-of-District Travel	THE PERSON NAMED IN	s MUST be subm	tted within thi Other Expe	rty (30) days of t	he travel return d	
*** Per Board Policy 03.1	25 and 03.225: "O Charge @	ut-of-District Travel	THE PERSON NAMED IN	s MUST be subm	tted within thi Other Expe	rty (30) days of t	he travel return d	
*** Per Board Policy 03.1	25 and 03.225: "O Charge @	ut-of-District Travel	THE PERSON NAMED IN	s MUST be subm	tted within thi Other Expe	rty (30) days of t	he travel return d	
*** Per Board Policy 03.1	25 and 03.225: "O Charge @	ut-of-District Travel	THE PERSON NAMED IN	s MUST be subm	tted within thi Other Expe	rty (30) days of t	he travel return d	
*** Per Board Policy 03.1 Date # Mile	25 and 03.225: "O Charge @ \$.46	Lodging	Meals	S Amou	Other Expo	rty (30) days of t enses Explanation	he travel return d	
*** Per Board Policy 03.1 Date # Mile Affidavit: I hereby certify	25 and 03.225: "O Charge @ \$.46 that all expenses i	Lodging Lodging	Meals	Amou	Other Expount Reim	rty (30) days of t	he travel return d	
*** Per Board Policy 03.1 Date # Mile	Charge (\$ \$.46	Lodging ncluded in the above capacity of officithe Simpson Country	re statement were all business; that	Amou	Other Expount Reim	rty (30) days of tenses Explanation bursement Du	he travel return d	
Affidavit: I hereby certify employee of Simpson Co charges qualifying for reir data furnished here within	Charge (\$ \$.46	Lodging ncluded in the above capacity of officithe Simpson Country	ve statement wer al business; that y Board of Educa knowledge.	Amount Am	Reiml	rty (30) days of tenses Explanation bursement Du	he travel return d	
*** Per Board Policy 03.1 Date # Mile Affidavit: I hereby certify employee of Simpson Co charges qualifying for reir	Charge (\$ \$.46	Lodging ncluded in the above capacity of officithe Simpson Country	re statement were all business; that	Amount Am	Other Expount Reim	rty (30) days of tenses Explanation bursement Du	he travel return d	