Submit this form to the Principal and Superintendent for PRIOR APPROVAL. Complete ALL items on top half of form. Attach Meeting Registration Form

Employee Name	Telyn Dex	Date S	ubmitted 2/28/2025	
School/Work Site				
Name of Meeting/Conference _		inge		<u> </u>
Date(s) of Meeting/Conference	June Z	7-30 Departur	anded 4: 25 am Return T	ime /2:40 a.m
Place of Meeting/Conference			rnia	
Rationale for Attendance <u>UU</u>	ture and	Gimate		
Expenses paid by:	□ PD □ Spec Ed □	KETS Tother (MU	IST Specify) District	Funds
Estimated Expenses:				
Registration Lodging		Mileage Airfare	Substitute Other	Total Est. Expenses
59500 500°°	340°°	46 per mile	\$100 per day	21500
Principal Signature:	10 Para	Cuant (A dua	in: District Fun	1
Prior Superintendent Approval	0 1005	Grant/Adm	Required if Expenses are Pa	aid by Grant Funds
Approved Not Appro	oved	I Ch		> 12/25
Reason	Su Su	perintendent Signatu	re	Date
			SE REIMBURSEMEN	
*** Per Board Policy 03.125 and 03.225 Date	e@ Lodging	Meals	oubmitted within thirty (30) days of the Other Expenses Amount Explanation	e travel return date.*** Total
Date # Miles Charg	e@ Lodging	Meals	Other Expenses	
Date # Miles Charg	e@ Lodging	Meals	Other Expenses	
Date # Miles Charg	e@ Lodging	Meals	Other Expenses	
Date # Miles Charg	e@ Lodging	Meals	Other Expenses	
Date # Miles Charg	e@ Lodging	Meals	Other Expenses	
Date # Miles Charg	e@ Lodging	Meals	Other Expenses	
Date # Miles Charg	e@ Lodging	Meals	Other Expenses	
Date # Miles Charg \$.4 Affidavit: I hereby certify that all expense employee of Simpson County Schools in	es included in the above so the capacity of official b	Meals Atatement were incurred bousiness; that they are pro-	Other Expenses Amount Explanation y an Reimbursement Due	
Date # Miles Charg \$.4	es included in the above so the capacity of official born the Simpson County Bo	Meals Itatement were incurred bousiness; that they are proport of Education; and the	Other Expenses Amount Explanation y an Reimbursement Due	
Date # Miles Charg \$.4 Affidavit: I hereby certify that all expense employee of Simpson County Schools in tharges qualifying for reimbursement from	es included in the above so the capacity of official born the Simpson County Bo	Meals Itatement were incurred bousiness; that they are proport of Education; and the	Other Expenses Amount Explanation y an Reimbursement Due oper at all	

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		11 Uturi	79	Date :	Submitted _			
School/Work S			J					
Name of Meet	ing/Confere	nce <u>K-151</u>	TE					214
Date(s) of Mee	ting/Confer	ence 3 11 -	3 13	Departu	re Time 2	:00	Return Tim	
Place of Meeti	ng/Confere	ice Kuntuc	fy Inturnal	Hunal Cov	Nentic	n cc	nter	
Rationale for A	\ttendance _	70 Icarn	about the	newest to	Chnolog.	Vi V	edocatio	
Expenses paid			☐ Spec Ed ☐ KE					
Estimated Exp	enses:							
Registration	Lodgir					titute	Other	Total Est. Expenses
Ø	10498	Sec policy	133		\$100	per day		#683.80
Principal Signa	ature:	•	۸.۸	at/A	dmin: My	link	mith	
Prior Superint				1	-11	Required	if Expenses are Pai	d by Grant Funds
Approve	ed No	ot Approved		18	W			3/10/28
Reason			Supe	erintendent Signa	ature			Date
Original	STATE OF THE PARTY.	ipts and signatur	(e) 1	三 本 	प्रवद्धाद्ध प्रथम	1.4 本 4 春天 二	A AND AND A SECOND .	REQUEST
		nd 03.225: "Out-o Charge @		THEFT		within thi Other Exp		travel return date.***
Per Board F	# Miles		f-District Travel Rel	mbursements MUS Meals		Other Exp		travel return date.*** Total
		Charge @		THEFT		Other Exp	enses	14.45 经一条点
		Charge @		THEFT		Other Exp	enses	14.45 经一条点
		Charge @		THEFT		Other Exp	enses	14.45 经一条点
		Charge @		THEFT		Other Exp	enses	14.45 经一条点
		Charge @		THEFT		Other Exp	enses	14.45 经一条点
		Charge @		THEFT		Other Exp	enses	14.45 经一条点
		Charge @		THEFT		Other Exp	enses	14.45 经一条点
Date Affidavit: I here	# Miles	Charge @ \$.46	Lodging	Meals	Amount	Other Exp	enses	Total
Date Affidavit: I here	# Miles by certify that	Charge @ \$.46 \$.46 all expenses inclu	Lodging Ided in the above stapacity of official b	Meals tatement were incu	Amount arred by an are proper	Other Exp	enses Explanation	Total
Affidavit: I herel employee of Sir charges qualifying	# Miles by certify that mpson County	Charge @ \$.46 \$.46 all expenses inclusion of the consequent from the	Lodging	Meals tatement were incursiness; that they apard of Education; a	Amount arred by an are proper and that all	Rein	enses Explanation	Total
Affidavit: I herel employee of Sir charges qualifyir data furnished h	# Miles by certify that mpson County ng for reimbur sere within is to	Charge @ \$.46 s.46 all expenses inclusion of the consequent from the consequence of the	Lodging Ided in the above stapacity of official b	Meals tatement were incursiness; that they apard of Education; a	Amount arred by an are proper and that all	Rein	Explanation Explanation	Total
Affidavit: I herel employee of Sir charges qualifying	# Miles by certify that mpson County ng for reimbursere within is to	Charge @ \$.46 s.46 all expenses inclusion of the consequent from the consequence of the	Lodging Ided in the above stapacity of official b	Meals tatement were incursiness; that they apard of Education; a wledge.	Amount arred by an are proper and that all	Rein	Explanation Explanation	Total
Affidavit: I herel employee of Sir charges qualifyin data furnished h	# Miles by certify that mpson County ng for reimbursere within is to	Charge @ \$.46 s.46 all expenses inclusion of the consequent from the consequence of the	Lodging Ided in the above stapacity of official b	tatement were incursiness; that they apard of Education; a wiedge.	Amount arred by an are proper and that all	Rein Central (Explanation Explanation	Total

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souther 1 Coulins		0/3/05
Employee Name Mallory Starling	Date Submitted _	2 3 25
School/Work Site FSMS	T. (1 -)	211/25
Name of Meeting/Conference 6 RFC : Co Date(s) of Meeting/Conference 2325	reaching conort	7:20 7:30
Date(s) of Meeting/Conference $\frac{2 3 25}{}$	Departure Time	Return Time 3 - 50
Place of Meeting/Conference GRREC	1 0 1 1 1	
Rationale for Attendance Co-Tenching Co-	hort for ELA	N.I.A.
Expenses paid by:	☐ KETS ☐ Other (MUST Specify) N/K
Estimated Expenses:		
Registration Lodging Meals See policy on back* S		stitute Other Total Est. Expenses per day
Principal Signature:	Grant/Admin:	
Prior Superintendent Approval:		Required if Expenses are Paid by Grant Funds
Not Approved	381	2 5 / 25 Date
Reason	Superintendent Signature	Date
Submit this section upon returning. Include any		A ADDIDOCA ACAIT DECLICAT
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave	el Reimbursements MUST be submitted	Other Expenses Total
original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District Trave	el Reimbursements MUST be submitted Meals	within thirty (30) days of the travel return date.*** Other Expenses
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave	el Reimbursements MUST be submitted Meals	within thirty (30) days of the travel return date.*** Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave	el Reimbursements MUST be submitted Meals	within thirty (30) days of the travel return date.*** Other Expenses Total
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original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District Trave Date # Miles Charge @ Lodging \$.46 Lodging Affidavit: I hereby certify that all expenses included in the above	Meals Amount Amount Over statement were incurred by an	within thirty (30) days of the travel return date.*** Other Expenses Total
original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District Trave Date # Miles Charge @ Lodging \$.46 Lodging	Meals Meals Amount	within thirty (30) days of the travel return date.*** Other Expenses Explanation Total
Affidavit: I hereby certify that all expenses included in the abcemployee of Simpson County Schools in the capacity of offic charges qualifying for reimbursement from the Simpson County Schools in the Simpson County	Meals Meals Amount	within thirty (30) days of the travel return date.*** Other Expenses Explanation Reimbursement Due
Affidavit: I hereby certify that all expenses included in the abcemployee of Simpson County Schools in the capacity of offic charges qualifying for reimbursement from the Simpson County Schools in the Simpson County	Meals Meals Amount Amount	within thirty (30) days of the travel return date.*** Other Expenses Explanation Reimbursement Due
Affidavit: I hereby certify that all expenses included in the abcemployee of Simpson County Schools in the capacity of offic charges qualifying for reimbursement from the Simpson County Schools in the Simpson County	Meals Meals Amount Amount	Reimbursement Due Central Office Use:

Submit this form to the Principal and Superintendent for <u>PRIOR APPROVAL</u>. Complete ALL items on top half of form. Attach Meeting Registration Form

Employee N	ame Los	ri Stene	MS	Date	Submitted_	2/24/25		
School/Wor	k Site	Lincoln						
Name of Me	eeting/Confer	ence Anti	sm Cadre	e out GRH	ECC			
Date(s) of M	leeting/Confe	rence 3/1	1/25	Depart	ture Time <u>7</u>	<u>', 45</u> Re	turn Time_	3:45
		ence GRREC	_		2	ling Gree	n ky	
Rationale fo		memberot						
Expenses pa	aid by:	SBDM 🗆 PD 🗏	Spec Ed K	ETS Other (MUST Specify	<u> </u>		
Estimated E	xpenses:							
Registratio		See policy o			\$100	otitute Otl	ner Tot	al Est. Expenses
Principal Sig	nature:	ryu Tuo		Grant/ <i>F</i>	Admin:	Required if Expens	es are Paid by	Grant Funds
/	ntendent App	rgwai: ot Approved				Lac		
	vedN		Supe	erintendent Sigr	nature) //		Date
							-	
origina	l required recei	returning. Include ipts and signature	s.	AVEL EXP				
*** Per Board	d Policy 03.125 a	nd 03.225: "Out-of-	District Travel Rein	mbursements MUS			ays of the tra	vel return date.***
*** Per Board Date	# Miles	nd 03.225: "Out-of- Charge @ \$.46	District Travel Rein	mbursements MUS Meals		within thirty (30) d Other Expenses Explana		vel return date.*** Total
		Charge @				Other Expenses		
		Charge @				Other Expenses		
		Charge @				Other Expenses		
		Charge @				Other Expenses		
		Charge @				Other Expenses		
		Charge @				Other Expenses		
		Charge @				Other Expenses		
		Charge @				Explana	tion	
Date Affidavit: I he	# Miles	Charge @ \$.46	Lodging ed in the above st	Meals	Amount rred by an	Other Expenses	tion	
Affidavit: I he employee of charges quali	# Miles reby certify that Simpson County fying for reimbur	Charge @ \$.46	Lodging ed in the above struction of official buildings on County Book	Meals atement were incursiness; that they are ard of Education; a	Amount rred by an are proper nd that all	Explana	ent Due	
Affidavit: I he employee of charges quali	# Miles reby certify that Simpson County fying for reimbur d here within is to	Charge @ \$.46 \$.46 all expenses include Schools in the capersement from the Signature of Schools in the Capersement from the Capersement from the Signature of Schools in the Capersement from	Lodging ed in the above struction of official buildings on County Book	Meals atement were incursiness; that they are ard of Education; a	Amount rred by an are proper and that all	Reimbursem	ent Due	

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Employee Nar	meA	aron Tal	lley	Da	te Submitted	1-22-2025	Estate B
Name of Meet Date(s) of Mee	site/ ting/Confer eting/Confe	ence Kent rence Feb.	515-8th	vsic EducatorsDepa	<i>Cอกโรแกน</i> rture Time9	:00 Am - 5 th Return Tim	ne_ 2:00 pm - 3"
Place of Meet	ing/Confere	nce Lovisi	rille, 14	- GALT HOUSE,	KY EXPO C	ENTER	
Rationale for	Attendance	A11-5+4	to Choir,	Professional D	evelopment Se	essions	
Expenses paid	l by:	BDM □ PD	☐ Spec Ed	☐ KETS ☑ Other	(MUST Specify)	choir Miskliances	FUNDI
Estimated Exp							
Registration	286.3	See polic		Mileage Air \$0.46 per mile		per day	Total Est. Expenses
Principal Signa Prior Superint Approve Reason	endent App	ot Approved		Grant, Superintendent Sig	/Admin: gnature	Required if Expenses are Pai	id by Grant Funds 1/23/25 Date
Submit this songinal re	section upon	returning. Incl	ude any	TRAVEL EXE	ENSE REI	MBURSEMEN'	T REQUEST
*** Per Board P	Policy 03.125 a	nd 03.225: "Out- Charge @	of-District Trav	rel Reimbursements MU	JST be submitted t	within thirty (30) days of the ther Expenses Explanation	
*** Per Board P	olicy 03.125 a	nd 03.225: "Out-	of-District Trav	rel Reimbursements MU	JST be submitted to	within thirty (30) days of the ther Expenses	e travel return date.***
*** Per Board P	olicy 03.125 a	nd 03.225: "Out- Charge @	of-District Trav	rel Reimbursements MU	JST be submitted to	within thirty (30) days of the ther Expenses	e travel return date.***
*** Per Board P	olicy 03.125 a	nd 03.225: "Out- Charge @	of-District Trav	rel Reimbursements MU	JST be submitted to	within thirty (30) days of the ther Expenses	e travel return date.***
*** Per Board P	olicy 03.125 a	nd 03.225: "Out- Charge @	of-District Trav	rel Reimbursements MU	JST be submitted to	within thirty (30) days of the ther Expenses	e travel return date.***
*** Per Board P	olicy 03.125 a	nd 03.225: "Out- Charge @	of-District Trav	rel Reimbursements MU	JST be submitted to	within thirty (30) days of the ther Expenses	e travel return date.***
*** Per Board P	olicy 03.125 a	nd 03.225: "Out- Charge @	of-District Trav	rel Reimbursements MU	JST be submitted to	within thirty (30) days of the ther Expenses	e travel return date.***
*** Per Board P	olicy 03.125 a	nd 03.225: "Out- Charge @	of-District Trav	rel Reimbursements MU	JST be submitted to	within thirty (30) days of the ther Expenses Explanation	Total
*** Per Board P Date Affidovity Units	# Miles	nd 03.225: "Out- Charge @ \$.46	Lodging Lodging	Meals Meals	Amount	within thirty (30) days of the ther Expenses	Total
*** Per Board P Date Affidavit: I here employee of Sin charges qualifying	# Miles # Objectify that mpson County ing for reimbur	charge @ \$.46	Lodging Lodgin Lodging Lodging Lodging Lodging Lodging Lodging Lodging Lodging	Meals Meals Meals Over statement were in icial business; that the nty Board of Education by knowledge.	Amount Curred by an y are proper; and that all	within thirty (30) days of the ther Expenses Explanation	Total
Affidavit: I here employee of Sir charges qualifyidata furnished h	by certify that mpson County ing for reimbur inere within is t	all expenses income schools in the resement from the	Lodging Lodgin Lodging Lodging Lodging Lodging Lodging Lodging Lodging Lodging	Meals Me	Amount Curred by an y are proper; and that all	Reimbursement Due	Total
*** Per Board P Date Affidavit: I here employee of Sin charges qualifying	by certify that mpson County ing for reimbur inere within is t	all expenses income schools in the resement from the	Lodging Lodgin Lodging Lodging Lodging Lodging Lodging Lodging Lodging Lodging	Meals Meals Meals Over statement were in icial business; that the nty Board of Education by knowledge.	Amount Curred by an y are proper; and that all	evithin thirty (30) days of the ther Expenses Explanation Reimbursement Due	Total