

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

CFO Approval

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Mallory Sterling Date Submitted _____

School/Work Site FSMS

Name of Meeting/Conference KYSTE

Date(s) of Meeting/Conference 3/11 - 3/13 Departure Time 2:00 Return Time 3:00

Place of Meeting/Conference Kentucky International Convention Center

Rationale for Attendance TO learn about the newest technology in education

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

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
<u>0</u>	<u>\$498</u>	<u>\$80</u>	<u>\$105.80</u>		<u>0</u>		<u>\$683.80</u>

Principal Signature: _____

Ant/Admin: John Smith

Prior Superintendent Approval:

Required if Expenses are Paid by Grant Funds

☒ Approved ☐ Not Approved...

Reason _____

Superintendent Signature JSH

3/10/25
Date

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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

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

Mallory Sterling
Employee Signature Date 3/10/25

Supervisor Signature _____ Date _____

Central Office Use:

Coding _____

CFO Approval _____

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Mallory Utterling Date Submitted 2/3/25
 School/Work Site FSMS
 Name of Meeting/Conference GRREC : Co-Teaching cohort 2/4/25
 Date(s) of Meeting/Conference 2/3/25 Departure Time 7:30 Return Time 3:30
 Place of Meeting/Conference GRREC
 Rationale for Attendance Co-Teaching Co-hort for ELA
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) N/A

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
0	0	0	0	0	0	0	\$0

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 2/5/25

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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Employee Signature [Signature] Date 2/3/25

Supervisor Signature _____ Date _____

Central Office Use:

Coding _____

CFO Approval _____

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lori Stevens Date Submitted 2/24/25
School/Work Site Lincoln
Name of Meeting/Conference Autism Cadre at GRECC
Date(s) of Meeting/Conference 3/19/25 Departure Time 7:45 Return Time 3:45
Place of Meeting/Conference GRECC 230 Technology Way, Bowling Green KY
Rationale for Attendance member of district Autism Cadre
Expenses paid by: ☐ SBDM ☐ PD ☒ Spec Ed ☐ KETS ☐ Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
			23.92				

Principal Signature: Joyce Harris Grant/Admin: Kelley Baker
Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature _____ Date _____

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TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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					Amount	Explanation	

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Reimbursement Due

Employee Signature _____ Date _____
Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

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OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Estimated Expenses:

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TRAVEL EXPENSE REIMBURSEMENT REQUEST

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