<b>Employee N</b>	ame <u>Je</u>	remy Bry	Kut	Date	Submitte	d <u>3/17</u>	25	
	k Site					1 1		
Name of Me	eeting/Confere	ence Buis	Basketbell 5	take Tenna	ment			To 1
Date(s) of M	leeting/Confe	rence	larch 26-30	Depart	ure Time	134	Return Tir	ne TBA
Place of Me	eting/Confere	nce <u>Lear</u>	yton, Ky		_			
Rationale fo	r Attendance	AN AMATEN	us level nes	rity		7	1001 /	P 1 1 1
Expenses pa	aid by: 🔲 S	BDM DPD	□ Spec Ed □ K	ETS Dother (N	MUST Spec	cify)	Wildest	Baskether
Estimated E	xpenses:							
Registratio	on Lodgir	•		eage Airfa er mile		ubstitute 100 per day	Other	Total Est. Expenses
	Pard		10.10					\$ 160.00
Principal Sig	mature.	Ho	_	Grant/A	dmin:			
	ntendent App	roval:					if Expenses are Pa	nid by Grant Funds
Appro	vedN	Approved			she			3/18/25
Reason			Supe	erintendent Sign	ature			Date
	l required recei	pts and signatu	ires.	THE RESERVE THE PROPERTY OF				T REQUEST e travel return date.**
origina	l required recei	pts and signatu	res.	THE RESERVE THE PROPERTY OF		ed within thin	ty (30) days of th	e travel return date.**
origina *** Per Boar	l required recei	pts and signatu nd 03.225: "Out- Charge @	res.	mbursements MUST	Γ be submitt	ed within thin	ty (30) days of th	e travel return date.**
origina *** Per Boar	l required recei	pts and signatu nd 03.225: "Out- Charge @	res.	mbursements MUST	Γ be submitt	ed within thin	ty (30) days of th	e travel return date.**
origina *** Per Boar	l required recei	pts and signatu nd 03.225: "Out- Charge @	res.	mbursements MUST	Γ be submitt	ed within thin	ty (30) days of th	e travel return date.**
origina *** Per Boar	l required recei	pts and signatu nd 03.225: "Out- Charge @	res.	mbursements MUST	Γ be submitt	ed within thin	ty (30) days of th	e travel return date.**
origina *** Per Boar	l required recei	pts and signatu nd 03.225: "Out- Charge @	res.	mbursements MUST	Γ be submitt	ed within thin	ty (30) days of th	e travel return date.**
origina *** Per Boar	l required recei	pts and signatu nd 03.225: "Out- Charge @	res.	mbursements MUST	Γ be submitt	ed within thin	ty (30) days of th	e travel return date.**
origina *** Per Boar	l required recei	pts and signatu nd 03.225: "Out- Charge @	res.	mbursements MUST	Γ be submitt	ed within thin	ty (30) days of th	e travel return date.**
origina *** Per Boar	l required recei	pts and signatu nd 03.225: "Out- Charge @	res.	mbursements MUST	Γ be submitt	ed within thin	ty (30) days of th	e travel return date.**
origina *** Per Board  Date  Affidavit: I he	# Miles  # repy certify that	pts and signatured 03.225: "Out-out 03.225: "Out-out 04.225: "Out-out-out 04.225: "O	Lodging  Lodging  Lodging	Meals  Meals  atement were incur	Amoun	Other Expe	ty (30) days of th	e travel return date.**
Date  Affidavit: I he employee of charges quali	# Miles  # Miles  reby certify that Simpson County fying for reimbur	pts and signatured 03.225: "Out-out 03.225: "Out-out 04.225: "Out-out 05.46"  all expenses inclusions in the conservation of t	Lodging  Lodging  uded in the above stapacity of official busties.	Meals  Meals  atement were incurusiness; that they a	Amount Am	Other Expe	ty (30) days of the nses Explanation	e travel return date.**
Date  Affidavit: I he employee of charges quali	# Miles  # Miles  reby certify that Simpson County fying for reimbur	pts and signatured 03.225: "Out-out 03.225: "Out-out 04.225: "Out-out 05.46"  all expenses inclusions in the conservation of t	Lodging  Lodging  Lodging  uded in the above stapacity of official by	Meals  Meals  atement were incurusiness; that they a	Amount Am	Other Expe	ty (30) days of the nses Explanation	e travel return date.**
Date  Affidavit: I he employee of charges quali	# Miles  # Miles  reby certify that Simpson County fying for reimbur	pts and signatured 03.225: "Out-out 03.225: "Out-out 04.225: "Out-out 05.46"  all expenses inclusions in the conservation of t	Lodging  Lodging  uded in the above stapacity of official busties.	Meals  Meals  atement were incurusiness; that they a	Amount Am	Reimk	ty (30) days of the nses Explanation	e travel return date.**
Date  Affidavit: I he employee of charges quali	# Miles  # Miles  reby certify that Simpson County fying for reimbur d here within is tr	pts and signatured 03.225: "Out-out 03.225: "Out-out 04.225: "Out-out 05.46"  all expenses inclusions in the conservation of t	Lodging  Lodging  uded in the above stapacity of official busties.	Meals  Meals  atement were incurusiness; that they a	Amount Am	Other Expe	ty (30) days of the nses Explanation	e travel return date.**
Affidavit: I he employee of charges quali data furnishe	# Miles  # Miles  reby certify that Simpson County fying for reimbur d here within is tr	pts and signatured 03.225: "Out-out 03.225: "Out-out 04.225: "Out-out 05.46"  all expenses inclusions in the conservation of t	Lodging  Lodging  uded in the above stapacity of official busties.	Meals  Meals  atement were incurusiness; that they a	Amount Am	Reimk	ty (30) days of the nses Explanation	e travel return date.**

Employee Na	ame <u>Amie</u>	Chaney		Dat	e Submitted	3-17	7-25	
School/Worl	k SiteSir	mpson Elementa	ary					
Name of Me	eting/Confere	ence	Jostens Renaissa	nce Global Confere	ence			
Date(s) of M	leeting/Confe	rence6/27	//25-6/30/25	Depar	ture Time	2:00am	Return Tin	ne <u>1:00am</u>
Place of Mee	eting/Confere	nce Gaylord	Pacific Resort and	Convention Cente	r- Chula Vista,	CA		
Rationale fo	r Attendance		e and culture con					
Expenses pa	id by: 🔲 S	BDM DPD	☐ Spec Ed ☐	KETS A Other (	MUST Speci	y) _W.	Schlusser	
Estimated Ex	xpenses:							
Registratio	on Lodgir	.0		leage Airfa i per mile		o <b>stitute</b> O per day	Other	Total Est. Expenses
\$595	\$1152	.25 \$24	40 \$	89.79 \$70	07			\$2784.04
Appro	ntendent Appr ved No		Sup	Grant/	Admin: SW nature	Required	if Expenses are Pa	id by Grant Funds  3/19/25  Date
original	required recei	returning. Inclu pts and signatu	CONTRACTOR OF THE PARTY OF THE	KAVEL EXP	ENSE RE	IINIRO	K2EIVIEIN	T REQUEST
*** Per Board Date	# Miles	nd <b>03.225: "Out-c</b> Charge @ \$.46	of-District Travel Re Lodging	eimbursements MUS Meals	Amount	Other Expe		e travel return date.**' Total
DOMESTA	a Till Sill some tilbar	Charge @		A SERVICE VALUE		Other Expe	nses	
DOMESTA	a Till Sill some tilbar	Charge @		A SERVICE VALUE		Other Expe	nses	
Date	# Miles	Charge @ \$.46	Lodging	Meals	Amount	Other Expe	nses Explanation	Total
Affidavit: I her employee of Scharges qualif	# Miles  reby certify that a simpson County ying for reimburs	Charge @ \$.46 sall expenses inclusions the content from the content from the	Lodging  Lodging  Lodging	Meals  Statement were incurrence outsiness; that they could of Education; a	Amount  arred by an are proper and that all	Other Expe	eursement Due	Total
Affidavit: I her employee of Scharges qualif	# Miles  reby certify that Simpson County ying for reimburst here within is tr	Charge @ \$.46 sall expenses inclusions the content from the content from the	Lodging  Juded in the above sapacity of official Issumpson County B	Meals  Statement were incurrence outsiness; that they could of Education; a	Amount  arred by an are proper and that all	Reimb	eursement Due	Total

Employee Na	ame <u>Laura</u>	Doty		Date	e Submitte	d 3-1	3-25	
School/Worl	k SiteSir	mpson Elementa	ry					
				ce Global Confere	nce			
Date(s) of M	leeting/Confe	rence6/27/	25-6/30/25	Depar	ture Time	6:00am	Return Time	6:00pm
Place of Mee	eting/Confere	nce <u>Gaylord</u> F	acific Resort and	Convention Cente	r- Chula Vist	a, CA		
	r Attendance		and culture confe					
Expenses pa	id by: 🔲 S	BDM 🗆 PD	☐ Spec Ed ☐ F	(ETS A Other (	MUST Spe	ify) <u>                                     </u>	chlocer	
Estimated Ex	xpenses:							
Registratio	on Lodgir	ng Me See policy		eage Airfa per mile		ubstitute 100 per day	Other T	otal Est. Expenses
\$595	\$1152			9.79 \$70		1		\$2784.04
Principal Sign	nature: <u></u>	1200°	& w	Grant//	Admin: _	4	8hl	
	ntendent Appr	222 /		1	0	Required	if Expenses are Paid	by Grant Funds
Appro	ved No	t Approved			-Sh)			3/17/25
Reason			Sup	erintendent Sigr	nature			Date
Per board	Policy 03.125 ar	nd 03.225: "Out-o	f-District Travel Rei	imbursements MUS	T be submitt	ed within this	ty (30) days of the t	ravel return date.***
Date Date	# Miles	nd 03.225: "Out-o Charge @ \$.46	f-District Travel Rei	imbursements MUS Meals	T be submitt	Other Expe		ravel return date.*** Total
		Charge @	11 TO 12 TO 1	1.181.191.21		Other Expe	nses	
		Charge @	11 TO 10 TO 1	1.181.191.21		Other Expe	nses	
		Charge @	11 TO 10 TO 1	1.181.191.21		Other Expe	nses	
		Charge @	11 TO 10 TO 1	1.181.191.21		Other Expe	nses	
		Charge @	11 TO 10 TO 1	1.181.191.21		Other Expe	nses	
		Charge @	11 TO 10 TO 1	1.181.191.21		Other Expe	nses	
		Charge @	11 TO 10 TO 1	1.181.191.21		Other Expe	nses	
Date	# Miles	Charge @ \$.46	Lodging	Meals	Amoun	Other Expe	nses	
Date  Affidavit: I her employee of \$1.000.	# Miles  # Miles	Charge @ \$.46	Lodging  ded in the above states and the states are	Meals  tatement were incu	Amoun	Other Expe	nses Explanation	
Affidavit: I her employee of Scharges qualif	# Miles  reby certify that Simpson County ying for reimburs	Charge @ \$.46 all expenses inclu Schools in the casement from the	Lodging  ded in the above states and the states are	Meals  tatement were incursiness; that they pard of Education; a	Amoun	Other Expe	explanation  Dursement Due	
Affidavit: I her employee of Scharges qualif	# Miles  reby certify that Simpson County Ying for reimburs I here within is tr	Charge @ \$.46 all expenses inclu Schools in the casement from the	Lodging  ded in the above states of official because of county Bo	Meals  tatement were incursiness; that they pard of Education; a	Amoun	Other Expe	explanation  Dursement Due	
Affidavit: I her employee of scharges qualif data furnished	# Miles  reby certify that Simpson County Ying for reimburs I here within is tr	Charge @ \$.46 all expenses inclu Schools in the casement from the	Lodging  ded in the above states of official because of county Bo	Meals  tatement were incu usiness; that they pard of Education; a	Amoun	Reimb	explanation  Dursement Due	

	3/1/2/
Employee Name Sance   Evans Date Submitte	d
School/Work Site F5HS	4
Name of Meeting/Conference Regional FFA Contest	0:2
Name of Meeting/Conference Regional 1-1-4 Confession  Date(s) of Meeting/Conference Departure Time	8 - 00 Return Time
Place of Meeting/Conference WISV W/as gow Carl	205
Rationale for Attendance _ ftudent Achievement	
Expenses paid by:	cify)
Estimated Expenses:	
Registration Louging Weals Solution See policy on back* \$0.46 per mile \$	Jo ()
Principal Signature: Grant/Admin:  Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	
ReasonSuperintendent Signature	Date
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submit	REIMBURSEMENT REQUEST ted within thirty (30) days of the travel return date.*** Other Expenses.
Date # Miles \$.46 Lodging Meals Amou	
	P. Landaumant Dua
Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.	Central Office Use:
Employee Signature Date	Coding
Supervisor Signature Date	CFO Approval

Employee Nar	me Preston G	Graves			Date Sul	bmitted	3	-17-25			
School/Work		on Elementar	у								
Name of Mee	ting/Conference	eJo	ostens Renaissa	nce Global	Conference						
Date(s) of Me	eting/Conference	ce <u>6/27/2</u>	25-6/30/25		_Departure	Time _	2:00am	Re	turn Tin	ne	1:00am
Place of Meet	ing/Conference	Gaylord Pa	acific Resort an	d Convention	on Center- Ch	ula Vista	, CA				
Rationale for A	Attendance	Climate	and culture cor	ference							
Expenses paid	l by: ☐ SBDI	M 🗆 PD 🏻	☐ Spec Ed ☐	KETS 🔁	Other (MUS	ST Speci	fy) AAC	. Schle	user		
Estimated Exp	enses:			•							
Registration	Lodging	Mea See policy		l <b>ileage</b> 6 per mile	Airfare		bstitute 00 per day	Ot	her	Total E	st. Expenses
\$595	\$1152.25	\$240		89.79	\$707					\$27	784.04
Prior Superinto Approve	endent Approva	al: pproved		perintend	Grant/Adm	l	Require	ed if Expens	ses are Pa	id by Gr	rant Funds  / 15 25  Date
0) [[2[[12]] [1	equired receipts a	anu signatule	** TO COMPANY OF THE PARTY OF T	the state of the s	<b>EXPEN</b>						
	olicy 03.125 and 03			2 P. U.S.	eals	submitte Amount	Other Ex			travel	return date.*** Total
*** Per Board P	olicy 03.125 and 03	3.225: "Out-of- harge @	-District Travel R	2 P. U.S.	eals		Other Ex	penses		e travel	
*** Per Board P	olicy 03.125 and 03	3.225: "Out-of- harge @	-District Travel R	2 P. U.S.	eals		Other Ex	penses		travel	
*** Per Board P	olicy 03.125 and 03	3.225: "Out-of- harge @	-District Travel R	2 P. U.S.	eals		Other Ex	penses		e travel	
*** Per Board P	olicy 03.125 and 03	3.225: "Out-of- harge @	-District Travel R	2 P. U.S.	eals		Other Ex	penses		e travel	
*** Per Board P  Date  Affidavit: I herek	# Miles C	3.225: "Out-of- charge @ \$.46	Lodging  Lodging  ed in the above	Me	eals were incurred	Amount	Other Ex	penses	tion		
*** Per Board P  Date  Affidavit: I herekemployee of Sincharges qualifyir	# Miles C	xpenses includ	Lodging  Lodging  led in the above pacity of official impson County E	statement v business; th	were incurred nat they are p	by an roper lat all	Rein	penses Explana	ent Due		
Affidavit: I herekemployee of Sincharges qualifyir	# Miles  # Miles  C  # Or certify that all empson County School for reimbursement of the certify is true at the certific true at the certification at the certific true at the ce	xpenses includ	Lodging  Lodging  led in the above pacity of official impson County E	statement v business; th Board of Edu owledge.	were incurred nat they are p	by an roper nat all	Rein	penses Explana nbursem	ent Due		

Employee Na	ame Cail	yn Hogen	Hoger	Date	Submitted	3/19/25	
School/Work	Site <i>FSI</i>	45	0 241/	111 7	£		
Name of Me	eting/Confere	ence boys	BASKetlaull S	Tall Imono	May T	21A Patura Tim	TRA
Date(s) of M	eeting/Confe	rence	arch 26-30	)Depart	ure Time	Return Tim	e
		nce <u>Lexh</u>					
Rationale for	Attendance	an awa	eness level	activity		To 13:11	13 44.
Expenses pai	id by: 🔲 S	BDM 🗆 PD	□ Spec Ed □ K	ETS Other (I	MUST Specify)	Jr. Wildest	Das Retbell
Estimated Ex	penses:						
Registratio	n Lodgir Paid	ng Me See policy		er mile	re Substi \$100 pe		Total Est. Expenses  A 147 & 418 74
	nature: ntendent Approved No	/	Supe	Grant/A	- She	equired if Expenses are Pai	d by Grant Funds  3   15   25 Date
original	required recei	returning. Incluing the sand signature of the odd of th	es.	4.40	Γ be submitted w	MBURSEMENT thin thirty (30) days of the ner Expenses	travel return date.***
Date	# Miles	\$.46	Lodging	Meals	Amount	Explanation	Total
employee of S	Simpson County	Schools in the ca	ded in the above sta	usiness; that they a	re proper	Reimbursement Due	
employee of S	Simpson County ying for reimbur	Schools in the ca sement from the	ded in the above stapacity of official bu Simpson County Boath the best of my know	usiness; that they a ard of Education; a	re proper nd that all	Reimbursement Due	
employee of S charges qualify data furnished	Simpson County ying for reimbur here within is tr	Schools in the ca sement from the	apacity of official bu Simpson County Boa	usiness; that they a ard of Education; a	nd that all		
employee of S	Simpson County ying for reimbur here within is tr	Schools in the ca sement from the	apacity of official bu Simpson County Boa	usiness; that they a ard of Education; a	nd that all	ntral Office Use:	

Employee N	ame Car/2	on Hagen		Date	e Submitte	d		
School/Wor	k Site <i>FS</i>	HS "						
Name of Me	eeting/Confere	ence <u>Bay's</u>	Basketholl S	take Town	meent	Nan		
Date(s) of N	leeting/Confe	rence <u>Ma</u>	reh 26-30	Depar	ture Time _	IBIT	Return Tim	ne
		nce Leaf		w .u				
Rationale fo	r Attendance	an apper	ness bevel a	chrity			E 1311 C	~
Expenses pa	aid by: 🔲 S	BDM 🗆 PD	☐ Spec Ed ☐ K	ETS Other (	MUST Spec	ify)	. Wildest	Buskeflell
Estimated E	xpenses:							
Registratio	on Lodgii	.0		eage Airfa		ubstitute .00 per day	Other	Total Est. Expenses
	laid	,	y on back* \$0.46 p	per mile	Ş.	.oo per day		A 140.00
Deinging! C!-	maturo	6		Grant/A	Admin:			
Principal Sig Prior Superi	nature: ntendent App	roval:			~/	Require	d if Expenses are Pa	id by Grant Funds
	vedNo	/ /		1	She	=:		3/18/25
			Sup	erintendent Sigr	nature			Date
		pts and signatu		AVEL EXP				
		nd 03.225: "Out-o Charge @	f-District Travel Rei			Other Ex	penses	e travel return date.*** Total
*** Per Board	# Miles	nd 03.225: "Out-o	f-District Travel Rei	mbursements MUS	T be submitte	Other Ex		THE THE PERSON
		nd 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MUS		Other Ex	penses	THE THE PERSON
		nd 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MUS		Other Ex	penses	THE THE PERSON
		nd 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MUS		Other Ex	penses	THE THE PERSON
		nd 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MUS		Other Ex	penses	THE THE PERSON
		nd 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MUS		Other Ex	penses	THE THE PERSON
		nd 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MUS		Other Ex	penses	THE THE PERSON
		nd 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MUS		Other Ex	penses	THE THE PERSON
Date	# Miles	nd 03.225: "Out-o Charge @ \$.46	f-District Travel Rei	Meals	Amoun	Other Ex	penses	Total
Date  Affidavit: I he employee of	# Miles	charge @ \$.46  substitute of the content of the con	Lodging  Lodging  Ided in the above stapacity of official bi	Meals  Meals  atement were incursiness; that they a	Amoun	Other Ex	enses  Explanation	Total
Affidavit: I he employee of charges quali	# Miles  reby certify that Simpson County fying for reimbur	charge @ \$.46  \$.46  all expenses inclusions in the conservation of the conservation o	Lodging  Lodging  ded in the above st	Meals  Meals  atement were incursiness; that they ard of Education; a	Amoun	Other Exp	enses  Explanation	Total
Affidavit: I he employee of charges qualidata furnishe	# Miles  Treby certify that Simpson County fying for reimbur d here within is tr	charge @ \$.46  \$.46  all expenses inclusion the consequent from the rue and correct to	Lodging  Lodging  Ided in the above stapacity of official bis Simpson County Bo	Meals  Meals  atement were incursiness; that they ard of Education; a	Amoun	Other Exp	Explanation  bursement Due	Total
Affidavit: I he employee of charges qualidata furnisher	# Miles  Treby certify that Simpson County fying for reimbur d here within is to	charge @ \$.46  \$.46  all expenses inclusion the consequent from the rue and correct to	Lodging  Lodging  Ided in the above stapacity of official bis Simpson County Bo	Meals  Meals  atement were incursiness; that they ard of Education; a	Amoun	Other Exp	Explanation  bursement Due	Total
Affidavit: I he employee of charges qualidata furnishe	# Miles  Treby certify that Simpson County fying for reimbur d here within is to	charge @ \$.46  \$.46  all expenses inclusion the consequent from the rue and correct to	Lodging  Lodging  Ided in the above stapacity of official bis Simpson County Bo	Meals  Meals  atement were incursiness; that they ard of Education; a	Amoun	Rein Central	Explanation  bursement Due	Total
Affidavit: I he employee of charges qualidata furnisher	# Miles  reby certify that Simpson County fying for reimbur d here within is to	charge @ \$.46  \$.46  all expenses inclusion the consequent from the rue and correct to	Lodging  Lodging  Ided in the above stapacity of official bis Simpson County Bo	Meals  Meals  atement were incursiness; that they ard of Education; a	Amoun	Rein Central	Explanation  Discrepance of the second of th	Total

Employee Name  School/Work Site  Name of Meeting/Conference  Date(s) of Meeting/Conference	210	HELEM	tc me	e Submitted	3-18-25  Return Tin	ne
Place of Meeting/Confere	ence Chuic	1 BG				
Rationale for Attendance	. U	ton Lite	site ma	PHIM		
		☐ Spec Ed ☐ K		· · · · · ·	fy 365 FV	C
Estimated Expenses:			,	•		
Principal Signature: Prior Superintendent App Approved No Reason	See policy roval:	on back* \$0.46 g	eage Airfa	Admin:	Required if Expenses are Pai	id by Grant Funds Date
Submit this section upon		T 200	AVEL EXP	FNCF RI	IMBURSEMENT	T REQUEST
original required recei  *** Per Board Policy 03.125 ar  Date # Miles	nd 03.225: "Out-of Charge @			T be submitte	d within thirty (30) days of the Other Expenses	
*** Per Board Policy 03.125 at	nd 03.225: "Out-of	District Travel Rein	nbursements MUS		d within thirty (30) days of the	travel return date.***
*** Per Board Policy 03.125 at	nd 03.225: "Out-of Charge @	District Travel Rein	nbursements MUS	T be submitte	d within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board Policy 03.125 at	nd 03.225: "Out-of Charge @	District Travel Rein	nbursements MUS	T be submitte	d within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board Policy 03.125 at	nd 03.225: "Out-of Charge @	District Travel Rein	nbursements MUS	T be submitte	d within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board Policy 03.125 at	nd 03.225: "Out-of Charge @	District Travel Rein	nbursements MUS	T be submitte	d within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board Policy 03.125 at	nd 03.225: "Out-of Charge @	District Travel Rein	nbursements MUS	T be submitte	d within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board Policy 03.125 at	nd 03.225: "Out-of Charge @	District Travel Rein	nbursements MUS	T be submitte	d within thirty (30) days of the Other Expenses	travel return date.***
Date # Miles  Affidavit: I hereby certify that a	Charge @ \$.46	Lodging  ed in the above sta	Meals  Meals	Amount  Amount	d within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board Policy 03.125 at	charge @ \$.46  Schools in the capement from the Siement f	Lodging  ed in the above state acity of official bumpson County Board	Meals  Meals  Meals  Meals  Meals  Meals  Meals	Amount  Amount  rred by an are proper and that all	d within thirty (30) days of the Other Expenses Explanation	travel return date.***
Date # Miles  Date # Miles  Affidavit: I hereby certify that a employee of Simpson County charges qualifying for reimburs	charge @ \$.46  Schools in the capement from the Siement f	Lodging  ed in the above state acity of official bumpson County Board	Meals  Meals  Meals  Meals  Meals  Meals  Meals	Amount  Amount  rred by an are proper and that all	d within thirty (30) days of the Other Expenses Explanation  Reimbursement Due	travel return date.***

Employee N	lame	ri Ho	nbhel	Da	te Submitte	3.25-2	5
School/Wor	k Site FR	C 3	ES				
Name of Me	eeting/Confer	ence <u>Rey</u>	ional	Meetin	19	^	2 22
	leeting/Confe	11.1	14/25	Depa	rture Time	Return Tim	1e_ <u>3:30</u>
Place of Me	eting/Confer	ence CV05	bland.	Churc	h 6	5	-1
Rationale fo	r Attendance	5ta	te mel	2 DAG		151 500	
Expenses pa	id by:	SBDM □ PD	☐ Spec Ed ☐	KETS Oher	(MUST Spec	cify) SES PEC	
Estimated E	xpenses:						
Registratio		See police		per mile	\$.	ubstitute Other	Fotal Est. Expenses
	nature:	4/		Grant/	Admin:	Required if Expenses are Paid	d by Grant Funds
./	ntendent App	ot Approved		40	11		14/ /25
Reason	veu IV	ot Approved	Sur	perintendent Sig	nature		Date
		returning. Inclu pts and signatu		AVEL EXP	ENSE R	EIMBURSEMENT	REQUEST
			Value of the same				
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel Re			ed within thirty (30) days of the Other Expenses	
		nd 03.225: "Out-c	Value of the same	imbursements MU		ed within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel Re	imbursements MU	ST be submitte	ed within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel Re	imbursements MU	ST be submitte	ed within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel Re	imbursements MU	ST be submitte	ed within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel Re	imbursements MU	ST be submitte	ed within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel Re	imbursements MU	ST be submitte	ed within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel Re	imbursements MU	ST be submitte	ed within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel Re	imbursements MU	ST be submitte	ed within thirty (30) days of the Other Expenses	travel return date.***
Date	# Miles	nd 03.225: "Out-o	of-District Travel Re Lodging	Meals	Amoun	Other Expenses Explanation	travel return date.***
Date  Affidavit: I here	# Miles	charge @ \$.46	Lodging  ded in the above st	Meals  Meals  atement were incu	Amount Am	ed within thirty (30) days of the Other Expenses	travel return date.***
Date  Affidavit: I here employee of S charges qualify	# Miles  # Wiles  eby certify that impson County ring for reimburs	charge @ \$.46  s.46  state of the content of the co	Lodging  ded in the above stapacity of official b	Meals  Meals  atement were incursiness; that they ard of Education; a	Amount Am	Other Expenses Explanation	travel return date.***
Date  Affidavit: I here employee of S charges qualify data furnished	# Miles  # Wiles  eby certify that impson County ing for reimburshere within is tr	charge @ \$.46  s.46  state of the content of the co	ded in the above stapacity of official b	Meals  Meals  Attement were incursiness; that they are ard of Education; a wledge.	Amount Am	Reimbursement Due  Central Office Use:	travel return date.***
Date  Affidavit: I here employee of S charges qualify	# Miles  # Wiles  eby certify that impson County ing for reimburshere within is tr	charge @ \$.46  s.46  state of the case of	ded in the above stapacity of official b	Meals  Meals  atement were incursiness; that they ard of Education; a	Amount Am	Other Expenses Explanation  Reimbursement Due	travel return date.***
Date  Affidavit: I here employee of S charges qualify data furnished	# Miles  # Wiles  eby certify that impson County ing for reimburshere within is transportation.	charge @ \$.46  s.46  state of the case of	ded in the above stapacity of official b	Meals  Meals  Attement were incursiness; that they are ard of Education; a wledge.	Amount Am	Reimbursement Due  Central Office Use:	travel return date.***

Employee Name School/Work Site	VI HO	n6hel	Dat	e Submitte	ed 3/15/	25
Name of Meeting/Confere	Jan	11	Migo	ante	)	
Date(s) of Meeting/Confe		-61301	15	ture Time	Y1.	urn Time 4PM
Place of Meeting/Confere	1101	ula Vis	sta CA	Ga	aylord Re	rafic Room
Rationale for Attendance	5ch00		10th- (	MIT	ure	~
Expenses paid by:	BDM □ PD □	Spec Ed 🗆 K	ETS 🖸 Other	(MUST Spe	cify) <u>565</u>	rec
Estimated Expenses:						
Principal Signature:  Prior Superintendent Appr Approved No	See policy of			Ş	Required if Expense	er Total Est. Expenses  es are Paid by Grant Funds
Reason No	t Approved	Supe	rintendent Sign	nature		7/14/5 Date
		·				
Submit this section upon r original required receip			AVEL EXP	ENSE R	EIMBURSEN	MENT REQUEST
*** Per Board Policy 03,125 an	d 03.225: "Out-of-D	District Travel Rein	nbursements MUS	T be submit	ed within thirty (30) da	ys of the travel return date.***
	Charge @	EQUITATE !	nbursements MUS Meals		Other Expenses	ys of the travel return date.***  Total
		District Travel Rein Lodging		T be submitt	Other Expenses	Total
	Charge @	EQUITATE !			Other Expenses	Total
	Charge @	EQUITATE !			Other Expenses	Total
	Charge @	EQUITATE !			Other Expenses	Total
	Charge @	EQUITATE !			Other Expenses	Total
	Charge @	EQUITATE !			Other Expenses	Total
	Charge @	EQUITATE !			Other Expenses	Total
	Charge @	EQUITATE !			Other Expenses	Total
Date # Miles	Charge @ \$.46	Lodging	Meals	Amour	Other Expenses	on Total
	Charge @ \$.46  \$ lexpenses included schools in the capa ement from the Sim	Lodging  d in the above stacity of official bushpson County Boar	Meals  tement were incusiness; that they are of Education; a	Amour	Other Expenses	nt Due
Affidavit: I hereby certify that a employee of Simpson County Scharges qualifying for reimbursa	Charge @ \$.46  \$ lexpenses included schools in the capa ement from the Sim	Lodging  d in the above stacity of official bushpson County Boar	Meals  tement were incusiness; that they are of Education; a	Amour	Other Expenses It Explanation Reimburseme	nt Due
Affidavit: I hereby certify that a employee of Simpson County Scharges qualifying for reimbursa	Charge @ \$.46  \$ lexpenses included schools in the capa ement from the Sim	Lodging  d in the above stacity of official bushpson County Boar	Meals  tement were incusiness; that they are of Education; a	Amour	Other Expenses It Explanation Reimburseme	nt Due

Employee Name	Bryan J	ovez	Dat	e Submitte	d	3/13/2	-5
School/Work Site	FSH S						
Name of Meeting/Con	ference	SLA Sta	te Conf	erence	<u>ا</u>		
Date(s) of Meeting/Co	nference	14-16	Depar	ture Time	8:00	Return Tir	me2:30
Place of Meeting/Conf	erence	Salt Ho	nse în	Louis	ville,	KY	
Rationale for Attendar	ice Super	to noisiv	studists	atten	ding o	conterenc	e
Expenses paid by:	□ SBDM □ PD	□ Spec Ed □ KE	TS 🗆 Other (	(MUST Spe	cify)	Perkins/Lo	Cal
Estimated Expenses:							
Registration Lo	dging Me See policy				<b>ubstitute</b> 100 per day	Other	Total Est. Expenses
\$ 60 \$	i.	80 -	- Time	10	300	_	\$850
Principal Signature:	1/2		.Grant/	Admin:	Duen	the Kus	
Prior Superintendent A	/ [ /		1	01		d if Expenses are Pa	aid by Grant Funds
Approved	Not Approved			SW	_		3/13/25
Reason		Supe	rintendent Sigr	nature			Date
original required re	16710 (48:110)(4171):14(1)	25.					T REQUEST
*** Per Board Policy 03.12  Date # Miles	5 and 03.225: "Out-o	CONTRACTOR OF THE PARTY OF THE	bursements MUS	Amoun	Other Exp	The second second second	e travel return date.*** Total
*** Per Board Policy 03.12	5 and 03.225: "Out-o Charge @	f-District Travel Reim	4.878 1.855 17	As Stor	Other Exp	enses	
*** Per Board Policy 03.12	5 and 03.225: "Out-o Charge @	f-District Travel Reim	4.878 1.855 17	As Stor	Other Exp	enses	
*** Per Board Policy 03.12	5 and 03.225: "Out-o Charge @	f-District Travel Reim	4.878 1.855 17	As Stor	Other Exp	enses	
*** Per Board Policy 03.12	5 and 03.225: "Out-o Charge @	f-District Travel Reim	4.878 1.855 17	As Stor	Other Exp	enses	
*** Per Board Policy 03.12	5 and 03.225: "Out-o Charge @	f-District Travel Reim	4.878 1.855 17	As Stor	Other Exp	enses	
*** Per Board Policy 03.12	5 and 03.225: "Out-o Charge @	f-District Travel Reim	4.878 1.855 17	As Stor	Other Exp	enses	
*** Per Board Policy 03.12  Date # Miles  Affidavit: I hereby certify themployee of Simpson Cou	Charge @ \$.46  s.46  hat all expenses includinty Schools in the ca	Lodging  Lodging  ded in the above starpacity of official bus	Meals tement were incu	Amoun	Other Exp	enses	Total
*** Per Board Policy 03.12  Date # Miles  Affidavit: I hereby certify to	Charge @ \$.46  shat all expenses includinty Schools in the cabursement from the State of Stat	Lodging  Lodging  ded in the above star pacity of official bus	Meals  tement were incuiness; that they are of Education; a	Amoun	Other Exp	enses Explanation	Total
Date # Miles  # Miles  Affidavit: I hereby certify themployee of Simpson Coucharges qualifying for reim	Charge @ \$.46  shat all expenses includinty Schools in the cabursement from the State of Stat	Lodging  Lodging  ded in the above star pacity of official bus	Meals  tement were incuiness; that they are of Education; a	Amoun	Other Exp	enses Explanation bursement Due	Total

Employee Name	Doniel King Date Subm	itted 03-11-0 25
School/Work SiteF5HS	3	
Name of Meeting/Conference	District Beta	
Date(s) of Meeting/Conference 03-1	Departure Tin	ne 8500 Return Time 2:30
Place of Meeting/Conference	4	
Rationale for Attendance Participa	te in Beta Events	and tests
Expenses paid by:	Spec Ed  KETS  Other (MUST S	Specify) Beta
Estimated Expenses:		
Registration Lodging Meal See policy or		Substitute Other Total Est. Expenses \$100 per day
Principal Signature:	Grant/Admin:	
Prior Superintendent Approval:	1011	Required if Expenses are Paid by Grant Funds
Approved Not Approved	18M	3/20/25
Reason	Superintendent Signature	Date
		REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-Date # Miles \$.46	istrict Travel Reimbursements MUST be sub Lodging Meals	mitted within thirty (30) days of the travel return date.***  Other Expenses  Total  ount  Explanation
*** Per Board Policy 03.125 and 03.225: "Out-of-Date # Miles Charge @	istrict Travel Reimbursements MUST be sub Lodging Meals	mitted within thirty (30) days of the travel return date.***  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-0	istrict Travel Reimbursements MUST be sub Lodging Meals	mitted within thirty (30) days of the travel return date.***  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-0	istrict Travel Reimbursements MUST be sub Lodging Meals	mitted within thirty (30) days of the travel return date.***  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-0	istrict Travel Reimbursements MUST be sub Lodging Meals	mitted within thirty (30) days of the travel return date.***  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-Date # Miles Charge @	istrict Travel Reimbursements MUST be sub Lodging Meals	mitted within thirty (30) days of the travel return date.***  Other Expenses  Total
**** Per Board Policy 03.125 and 03.225: "Out-of-Date # Miles Charge @ \$.46  Date # Miles \$.46  Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the capa	Lodging Meals Am  In the above statement were incurred by a city of official business; that they are proper	Other Expenses Ount Explanation  Reimbursement Due
**** Per Board Policy 03.125 and 03.225: "Out-of-Date # Miles Charge @ \$.46  Affidavit: I hereby certify that all expenses include	Lodging Meals Am  d in the above statement were incurred by a city of official business; that they are proper upson County Board of Education; and that a best of my knowledge.	Other Expenses Ount Explanation  Reimbursement Due
*** Per Board Policy 03.125 and 03.225: "Out-of-Date # Miles Charge @ \$.46  Date # Miles \$.46  Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the capacharges qualifying for reimbursement from the Simpson that the capacharges qualifying for reimbursement from the Simpson that the capacharges qualifying for reimbursement from the Simpson that the capacharges qualifying for reimbursement from the Simpson that the capacharges qualifying for reimbursement from the Simpson that the capacharges qualifying for reimbursement from the Simpson that the capacharges qualifying for reimbursement from the Simpson that the capacharges qualifying for reimbursement from the Simpson that the capacharges qualifying for reimbursement from the Simpson that the capacharges qualifying for reimbursement from the Simpson that the capacharges qualifying for reimbursement from the Simpson that the capacharges qualifying for reimbursement from the Simpson that the capacharges qualifying for reimbursement from the Simpson that the capacharges qualifying for reimbursement from the Simpson that the capacharges qualifying for reimbursement from the Simpson that the capacharges qualifying for reimbursement from the Simpson that the capacharges qualifying for reimbursement from the capacharges qualifying for reimbu	Lodging Meals Am  d in the above statement were incurred by a city of official business; that they are proper apson County Board of Education; and that a	Other Expenses Ount Explanation  Total  Reimbursement Due

Emplovee N	lame /ov	y hovas	٠	Date	e Submitte	d <i>3/12</i>	7/25	
School/Wor	k Site	HS				' ′		
Name of Me	eeting/Confere	ence Boy's	Bustleboll -	State Tono	quent			
Date(s) of M	leeting/Confe	rence / M	West 24-30	Depart	ture Time _	TBA	Return Tim	ie <i>TBA</i>
			Am, KY					
Rationale fo	r Attendance	GA GHOSE	ness level as	chirty			12.11	A 444 4
Expenses pa	aid by: 🔲 S	BDM DPD I	□ Spec Ed □ K	ETS <b>□</b> ∕Óther (	MUST Spe	cify)	W. Jacet	DASKETBUT
Estimated E	xpenses:							
Registratio	on Lodgir	See policy				ubstitute 100 per day	Other	Total Est. Expenses
Prior Superi	nature: ntendent Approved N	/ /	Supe	Grant/A	-8hl	Required if	f Expenses are Pai	d by Grant Funds  3 / 18/25  Date
Origina	HINESER HER TO HER TRAINED	pts and signatur	(21.7)	<b>AVEL EXPI</b>		The second second second		
*** Per Board	# Miles	nd 03.225: "Out-o Charge @ \$.46	f-District Travel Rein Lodging	mbursements MUS Meals		Other Exper		travel return date.***  Total
*** Per Board	d Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rein	Maria Direction	T be submitt	Other Exper	ises	travel return date.***
*** Per Board	d Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rein	Maria Direction	T be submitt	Other Exper	ises	travel return date.***
*** Per Board	d Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rein	Man Direction	T be submitt	Other Exper	ises	travel return date.***
*** Per Board	# Miles	nd 03.225: "Out-o Charge @ \$.46	f-District Travel Rein Lodging	Meals	Amoun	Other Exper	nses xplanation	travel return date.***
Date  Date  Affidavit: I he employee of charges quali	# Miles  # Miles  reby certify that Simpson County fying for reimbur d here within is tr	charge @ \$.46 \$.46	f-District Travel Rein	Meals  atement were incusiness; that they ard of Education; a	Amoun	Other Exper	ursement Due	travel return date.***

CANADA STATE OF THE STATE OF TH		001.1-	
Employee Name Shalee Many	Date Submit	ted 03 10 2025	
School/Work Site Franklin- Simp	son thigh School		
Name of Meeting/Conference OUN Scl	or Connection		
Date(s) of Meeting/Conference 03 18 7	Departure Time	e 89M Return Time 4pv	n
Place of Meeting/Conference GRREC			
Rationale for Attendance 601000	education		
Expenses paid by: 📮 SBDM 🗖 PD 🗖 Spec	Ed KETS Other (MUST Sp	ecify)	
Estimated Expenses:			
Registration Lodging Meals See policy on back*  Principal Signature:  Prior Superintendent Approval:	Mileage Airfare \$0.46 per mile    \( \mathbf{G} \times \).46 \( \mathbf{G} \)    \( \mathbf{G} \times \).48 \( \mathbf{G} \)    \( \mathbf{G} \times \).46 \( \mathbf{G} \)    \( \mathbf{G} \times \).46 \( \mathbf{G} \)    \( \mathbf{G} \times \).48 \( \mathbf{G} \times \)    \( \mathbf{G} \times \).48	Substitute Other Total Est. Experiments Substitute State Other Total Est. Experiments State Other S	
Approved Not Approved	< 186	3/18/2	15_
Reason	Superintendent Signature	ba	ite
Submit this section upon returning. Include any	E IDAVE PIDENIZE	Kriviburarivirni Kruur	
original required receipts and signatures.  Per Board Policy 03.125 and 03.225: "Out-of-District  Date # Miles Charge @ Lo \$.46		Other Expenses Total	
Per Board Policy 03.125 and 03.225: "Out-of-District Charge @	t Travel Reimbursements MUST be subm	Other Expenses  Total	
Per Board Policy 03.125 and 03.225: "Out-of-District Charge @	t Travel Reimbursements MUST be subm	Other Expenses  Total	
Per Board Policy 03.125 and 03.225: "Out-of-District Charge @	t Travel Reimbursements MUST be subm	Other Expenses  Total	
Per Board Policy 03.125 and 03.225: "Out-of-District Charge @	t Travel Reimbursements MUST be subm	Other Expenses  Total	
Per Board Policy 03.125 and 03.225: "Out-of-District Charge @	t Travel Reimbursements MUST be subm	Other Expenses  Total	
Date # Miles Charge @ Lo \$.46	t Travel Reimbursements MUST be submidging Meals Amo	Other Expenses unt Explanation  Total	
Per Board Policy 03.125 and 03.225: "Out-of-District Charge @	dging Meals Amo	Other Expenses unt Explanation  Reimbursement Due  Central Office Use:	
Date # Miles Charge @ Lo \$.46 Lo  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	dging Meals Amo	Other Expenses unt Explanation  Reimbursement Due	

Employee Name Aloby Phillips	Date Submitted	3/14/25
Cabacil Work Site ESHS	44.00	
Name of Meeting/Conference	7 Day	A A Da
Date(s) of Meeting/Conference 3/25/25	Departure Time	8Am Return Time 3Pm
Place of Meeting/Conference WKU EXPO	120.01	
Rationale for Attendance Student Achieve	A LIGHT	
Expenses paid by: SBDM PD Spec Ed KETS	☐ Other (MUST Speci	ify)
Estimated Expenses:		
Registration Lodging Meals Mileage See policy on back* \$0.46 per mile	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	on per day Total Est. Expenses
		00
Principal Signature:	Grant/Admin:	
Prior Superintendent Approval:	1-01	Required if Expenses are Paid by Grant Funds
ApprovedNot Approved	J8/1	3/17/23
ReasonSuperinte	endent Signature	Date
original required receipts and signatures.  *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburg		EIMBURSEMENT REQUEST
Charge @	Teleste Carlos de la concessión	Other Expenses Total
Per Board Policy 03.125 and 03.225. Out-of-particular of the Per Board Policy 03.125 and 03.225 and	Meals Amoun	Other Expenses Total
Charge @ Lodging	Meals	Other Expenses Total
Charge @ Lodging	Meals	Other Expenses Total
Charge @ Lodging	Meals	Other Expenses Total
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Charge @ Lodging	Meals	Other Expenses Total
Charge @ Lodging	Meals	Other Expenses Total
Charge @ Lodging	Meals	t Explanation Total
Date # Miles \$.46 Lodging  \$.46 Lodging	Meals Amoun	Other Expenses Total
Date # Miles Charge @ Lodging \$.46	ent were incurred by an ss; that they are proper if Education; and that all	t Explanation Total
Affidavit: I hereby certify that all expenses included in the above-statem employee of Simpson County Schools in the capacity of official business and the state of the state	ent were incurred by an ss; that they are proper if Education; and that all e.	Reimbursement Due  Central Office Use:
Affidavit: I hereby certify that all expenses included in the above statem employee of Simpson County Schools in the capacity of official business and the statement from the Simpson County Board of the statement of the statemen	ent were incurred by an ss; that they are proper if Education; and that all	t Explanation Total  Reimbursement Due

All Philling Data Submitto	3/14/25
School/Work Site FSHS	
Valific of ividedition of the second of the	8AM Return Time 3 PM
Date(s) of Weeting, comments	
Place of Meeting/Conference WKU Glasgow campus	
Rationale for Attendance Student Achievement	26.3
Expenses paid by: 📮 SBDM 🗆 PD 🗆 Spec Ed 🗀 KETS 🗀 Other (MUST Spe	сіту)
Estimated Expenses:	
Registration Longing Tivilians (Williams See policy on back* \$0.46 per mile 5	ubstitute Other Total Est. Expenses 100 per day
Principal Signature:	Required if Expenses are Paid by Grant Funds  3/17/25  Date
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submit  Date # Miles Charge @: Lodging Meals Amount	Other Expenses Total
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	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.	Reimbursement Due  Central Office Use:
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	

T-1/6	Kohey	Date	Submitte	d	3/19/25	
School/Work Site						
Name of Meeting/Conference Boy Date(s) of Meeting/Conference	BASKUTLAN ST.	all Ionmane	en	TR	A Datum Time	TBA
		Departu	ire Time_	(D)	keturn iim	le ////
Place of Meeting/Conference	· · · · · · · · · · · · · · · · · · ·					
Rationale for Attendance _ 🚜 🚜	O Spec Ed KE	divity			To 1001 1 5	R 1 (1
Expenses paid by:	Spec Ed KE	TS Other (N	1UST Spec	cify)	Jr. Wilkest	Disker Stor !
Estimated Expenses:						
0.1	Meals Miles solicy on back* \$0.46 pe			u <b>bstitut</b> 100 per da		Total Est. Expenses
Principal Signature:	h	Grant/Ad	dmin:			
Prior Superintendent Approval:	y	/	۱ _	Requ	ired if Expenses are Pai	d by Grant Funds
Not Approved	l		18	M		3/18/25
Reason	Supe	rintendent Signa	ture	•		<sup>1</sup> Da'te
						a de de de
*** Per Board Policy 03.125 and 03.225: "O  Date  # Miles	THE RESERVE TO SHARE THE PARTY OF THE PARTY	nbursements MUST  Meals	be submitt  Amoun	Other	n thirty (30) days of the Expenses Explanation	travel return date.***  Total
Date # Miles Charge @	COLUMN TO SERVICE	450 8450		Other	Expenses	
Date # Miles Charge @	COLUMN TO SERVICE	450 8450		Other	Expenses	
Date # Miles Charge @	COLUMN TO SERVICE	450 8450		Other	Expenses	
Date # Miles Charge @	COLUMN TO SERVICE	450 8450		Other	Expenses	
Date # Miles Charge @	COLUMN TO SERVICE	450 8450		Other	Expenses	
Date # Miles Charge @	COLUMN TO SERVICE	450 8450		Other	Expenses	
Date # Miles Charge @	COLUMN TO SERVICE	450 8450		Other	Expenses	
Date # Miles Charge @	COLUMN TO SERVICE	450 8450		Other	Expenses	
Date # Miles Charge @ \$.46	Lodging	Meals	Amoun	Other	Expenses	Total
Date # Miles Charge @ \$.46  Affidavit: I hereby certify that all expenses i employee of Simpson County Schools in the	Lodging  Lodging  ncluded in the above state capacity of official but	Meals  Itement were incurrisiness; that they are	Amoun	Other	Expenses  Explanation	Total
Date # Miles Charge @ \$.46	ncluded in the above state capacity of official but the Simpson County Boa	Meals  Itement were incurring siness; that they are ard of Education; and	Amoun	Other	Expenses  Explanation	Total
Affidavit: I hereby certify that all expenses is employee of Simpson County Schools in the charges qualifying for reimbursement from data furnished here within is true and correct.	ncluded in the above state capacity of official but the Simpson County Boa	Meals  Itement were incurring siness; that they are ard of Education; and	Amoun	Re	Expenses Explanation  eimbursement Due al Office Use:	Total
Date # Miles Charge © \$.46  Affidavit: I hereby certify that all expenses i employee of Simpson County Schools in the charges qualifying for reimbursement from	ncluded in the above state capacity of official but the Simpson County Boa	Meals  Itement were incurring siness; that they are ard of Education; and	Amoun	Other	Expenses Explanation  eimbursement Due al Office Use:	Total

Charge @	Meals  Amount  Explanation  Total  Amount Explanation  Total  Reimbursement Due of official business; that they are proper n County Board of Education; and that all
Date # Miles Charge @ \$.46  Loc \$.46  Loc 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	Meals  Amount  Explanation  Total  Amount  Explanation  Total  Reimbursement Due  of official business; that they are proper no County Board of Education; and that all
Date # Miles Charge @ Loc \$.46  Loc Affidavit: I hereby certify that all expenses included in the	Other Expenses Amount Explanation  Total
Date # Miles Charge @ Loc	Other Expenses Total
Date # Miles Charge @ Loc	Other Expenses Total
Date # Miles Charge @ Loc	Other Expenses Total
Date # Miles Charge @ Loc	Other Expenses Total
Date # Miles Charge @ Loc	Other Expenses Total
Date # Miles Charge @ Loc	Other Expenses Total
Charge @	Other Expenses
Submit this section upon returning. Include any original required receipts and signatures.  *** Per Board Policy 03.125 and 03.225: "Out-of-District	TRAVEL EXPENSE REIMBURSEMENT REQUES  tt Travel Reimbursements MUST be submitted within thirty (30) days of the travel return da
Reason	Superintendent Signature
Approved Not Approved  Reason	Superintendent Signature  3 / 3 / 3
Principal Signature:Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Dana.	Grant/Admin:
See policy on back*	\$0.46 per mile \$100 per day  0 0 4/00 0 0 \$100 00
Estimated Expenses:  Registration Lodging Meals	Mileage Airfare Substitute Other Total Est. Exper
Expenses paid by: SBDM DPD DSpec	ec Ed LI KETS LI Other (MUST Specify)
Rationale for Attendance STUNENTS W	ompete for a chance to go to state
Place of Meeting/Conference NKU (1)08	sgow campus
	Character 2 2 2 2 2
Name of Meeting/Conference Barren	River Region FFA Contests
Sahaal/Wark Sita FCMC	River Region FFA Contests  19,2025 Departure Time 8:00AM Return Time 2:50P