

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 Tim Schlosser Date Submitted 4-29-25  
School/Work Site CO  
Name of Meeting/Conference Jostens  
Date(s) of Meeting/Conference June 27-July 01, 2025 Departure Time 6:00 am Return Time 6:00 pm  
Place of Meeting/Conference San Diego, CA  
Rationale for Attendance Continuing education  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) \_\_\_\_\_

## Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
500. <sup>00</sup>	1,400. <sup>00</sup>	240. <sup>00</sup>	80. <sup>00</sup>	448. <sup>36</sup>			2,668. <sup>36</sup>

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
☒ Approved ☐ Not Approved...  
Reason \_\_\_\_\_ Superintendent Signature [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 submitted within thirty (30) days of the travel return date.\*\*\*

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

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Central Office Use:

Coding

CFO Approval