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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name	nstance	Blance	Date	e Submitted	4-21-25	
	FSMS					
Name of Meeting/Confe	rence	entur Pro	gran		^	
Date(s) of Meeting/Conf					Return Ti	me Lpm
Place of Meeting/Confer	ence <u>QU</u>	ien co. n	modele S	wo1		
Rationale for Attendance	- Mers	m bush	w o			
Expenses paid by:	SBDM □ PD	□ Spec Ed □ K	ETS Other_	+ SA	SYSC	
Estimated Expenses:						
Registration Lodg	See polic		eage Airfa	\$10	Oper day	Total Est. Expenses
Principal Signature:		Su	Grant/A	Admin:	Required if Expenses are P	aid by Grant Funds
ApprovedN	lot Approved			. SM		
Reason		Supe	erintendent Sign	nature		Date
eniginal required res	- the arrest and are	I I I I I I I I I I I I I I I I I I I				
Per Board Policy 03.125 Date # Miles	Charge @	of-District Travel Rein Lodging	mbursements MUS Meals		Other Expenses	ne travel return date.*** Total
		Cardine Sassipali.	AND DESIGN			
	Charge @	Cardine Sassipali.	AND DESIGN		Other Expenses	
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	Charge @	Cardine Sassipali.	AND DESIGN		Other Expenses	
	Charge @	Cardine Sassipali.	AND DESIGN		Other Expenses Explanation	Total
Date # Miles Affidavit: I hereby certify tha employee of Simpson Count	Charge @ \$.41 t all expenses incluy y Schools in the c	Lodging Uded in the above sta	Meals atement were incursiness; that they a	Amount rred by an are proper	Other Expenses	Total
Date # Miles Affidavit: I hereby certify tha	t all expenses included to the contract of the	Lodging uded in the above state apacity of official businesson County Boards	Meals atement were incursiness; that they are of Education; a	Amount rred by an are proper nd that all	Other Expenses Explanation	Total
Affidavit: I hereby certify tha employee of Simpson Count charges qualifying for reimbu	t all expenses included to the contract of the	Lodging uded in the above state apacity of official businesson County Boards	Meals atement were incursiness; that they are of Education; a	Amount rred by an are proper nd that all	Other Expenses Explanation Reimbursement Du	Total

SIMPSON COUNTY SCHOOLS **OUT-OF-DISTRICT TRAVEL AUTHORIZATION**

		na Isla	2	Date	e Submitted	41	23	
	k Site <i>FS</i>		T.					
Name of Me	eting/Confer	ence Calleg	e Tour	Depar	ture Times	930	Poturn Tim	230
Date(s) of M	eeting/Confe	rence	130125	Depar	ture IIme _	60	Return rim	e
				niversity ?	then	MUSIC	Muscum	
			spans d					
Expenses pa	id by:	BDM DPD	☐ Spec Ed ☐	KETS □ Other (MUST Spec	fy)•		
Estimated Ex	<u>kpenses</u> :							
Registratio	on Lodgii			lileage Airfa 6 per mile		bstitute 00 per day	Other -	Fotal Est. Expenses
Prior Superir	nature: ntendent App vedNo	/ //		Grant/	Admin:	Required if	Expenses are Paid	by Grann Funds
Reason		, pproved	Su	perintendent Sigr	nature			Date
Submit this	section door required recei	returning, Inclu pts and signatu	de ariy T	RAVEL EXPI	ENSE RI	EIMBUF	RSEMENT	REQUEST
				eimbursements MUS	T be submitte	d within thirty	(30) days of the	travel return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel R		T be submitte	Other Expens	ses	travel return date.*** Total
		nd 03.225: "Out-		eimbursements MUS Meals	Amount	Other Expens		N K K C
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel R			Other Expens	ses	N K K C
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel R			Other Expens	ses	N K K C
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel R			Other Expens	ses	N K K C
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel R			Other Expens	ses	N K K C
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel R			Other Expens	ses	N K K C
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel R			Other Expens	ses	N K K C
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel R			Other Expens	ses	N K K C
*** Per Board Date	# Miles	nd 03.225: "Out-c Charge @ \$.46	of-District Travel R Lodging	Meals	Amount	Other Expens	ses planation	N K K C
*** Per Board Date Affidavit: I her	# Miles	charge @ \$.46	bf-District Travel R Lodging	Meals statement were incu	Amount	Other Expens	ses	N K K C
Date Affidavit: I her employee of Scharges qualifi	# Miles # Miles reby certify that Simpson County ying for reimbur there within is tree.	charge @ \$.46 s.46 all expenses inclusions in the consent from the correct to t	Lodging Lodgin Lodging Lodging Lodging Lodging Lodging Lodging Lodging Lodging	statement were incubusiness; that they a	Amount	Other Expens	planation Irsement Due	N K K C
Affidavit: I her employee of Scharges qualifidata furnished	# Miles # Miles eby certify that Simpson County ying for reimbur there within is tree.	charge @ \$.46 s.46 all expenses inclusions in the consent from the	Lodging Lodging Lodging Lodging Lodging Lodging Lodging Lodging	statement were incubusiness; that they a	Amount	Other Expens	planation Irsement Due	N K K C
Date Affidavit: I her employee of Scharges qualifi	# Miles # Miles eby certify that Simpson County ying for reimbur there within is tree.	charge @ \$.46 s.46 all expenses inclusions in the consent from the correct to t	Lodging Lodging Lodging Lodging Lodging Lodging Lodging Lodging	statement were incubusiness; that they about of Education; a owledge.	Amount	Reimbu	planation Irsement Due	N K K C

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

LA HICKORY	- 10				11/22/25	
Employee Name		SIER	Date	Submitte	d 4/23/25	
School/Work Site	HS		1	A	2. &	
Name of Meeting/Conference	ence SAFE	schools or (OMMUNITE	3 CONF	TREWCE 4:00 PM JINE 9 Return Tim	
						1e 6.00 km 00 m
Place of Meeting/Confere			HIGH SCH	100L (STORGETONE LY	
Rationale for Attendance						
Expenses paid by:	BDM □ PD	☐ Spec Ed ☐ KE	TS DOther (N	MUST Spe	cify)	
Estimated Expenses:						
Principal Signature: Prior Superintendent Appr Approved Ne	See policy	0°= 420x.1	mile 16: 16: 10:60	dmin:	Required if Expenses are Pai	Total Est. Expenses Signature Signature Signature Signature Date
	returning Inclu	de anv		NCE		FDEOUECT
Submit this section upon			VEL EXPE	·N>F R	REIMBURSEMEN	I KEDUEST
original required recei	pts and signatur	res. INA			REIMBURSEMENT ted within thirty (30) days of the	
original required recei	pts and signatur	es. I NA f-District Travel Reimi	oursements MUST		LIMBURSEIVIEN ted within thirty (30) days of the Other Expenses	travel return date.***
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original required recei	ots and signatur nd 03.225: "Out-o Charge @	es. I NA f-District Travel Reimi	oursements MUST	Γ be submitt	ted within thirty (30) days of the Other Expenses	travel return date.***
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original required recei	ots and signatur nd 03.225: "Out-o Charge @	es. I NA f-District Travel Reimi	oursements MUST	Γ be submitt	ted within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board Policy 03.125 at Date # Miles Affidavit: I hereby certify that	pts and signatur nd 03.225: "Out-o Charge @ \$.46	f-District Travel Reiml Lodging ded in the above stat	Meals Meals ement were incur	Amour	ted within thirty (30) days of the Other Expenses	Total
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*** Per Board Policy 03.125 at Date # Miles Affidavit: I hereby certify that	pts and signatur nd 03.225: "Out-o Charge @ \$.46 all expenses inclu Schools in the casement from the	ded in the above state apacity of official busingson County Board	ement were incuriness; that they aid of Education; an	Amour Amour red by an re proper	ted within thirty (30) days of the Other Expenses nt Explanation	Total
*** Per Board Policy 03.125 at Date # Miles Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbur.	pts and signatur nd 03.225: "Out-o Charge @ \$.46 all expenses inclu Schools in the casement from the	ded in the above state apacity of official busingson County Board	ement were incuriness; that they aid of Education; an	Amour Amour red by an re proper	Other Expenses The Explanation Reimbursement Due	Total
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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 SAV	WE KESSLE	L	Dat	e Submitte	$\frac{4}{23}$	25		
School/Work Site Fs								
	h A-A							
Name of Meeting/Confe Date(s) of Meeting/Confe	erence July 2	3-25	Depar	ture Time	4272'00 F	Return	Time	Z'OS PM
Place of Meeting/Confer	ence GALTH	ouse -Lou	isville, le	4 00				
Rationale for Attendance	PD/GUL							
Expenses paid by:	SBDM □ PD □	Spec Ed	ETS	MUST Spe	ecify)			
Estimated Expenses:								
Registration Lodg Principal Signature:	ing Meal See policy or		er mile		Substitute 5100 per day	Other	218	Expenses
Prior Superintendent App	proyat:		1	001	Required	d if Expenses are	Paid by Gran	nt Funds
Approved N	ot Approved		-	-			4/2	8/25
Reason		Supe	rintendent Sign	nature				Date
Submit this section upor original required rece			AVEL EVD	ENICE	PEIMARI	JRSEME	NTRFC	DUFST
*** Per Board Policy 03.125 a Date # Miles					ted within th Other Exp	irty (30) days o	the travel re	
	charge @ \$.46 t all expenses include y Schools in the caparsement from the Sin	Lodging ed in the above states of official bumpson County Board	Meals Meals Atement were incusiness; that they ard of Education; a	Amou	Other Exp	irty (30) days o	f the travel re	turn date.***

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Tim	Schloss	ec_		Da	e Submitt	ed	1-24	1-25	
School /Work Site						_			
	1174	<u> 495</u>	1 0	2.2		4:20	0.00	5 t T	- 10: NV CMV
Date(s) of Meeting/Confe	rence JUNE	1 - JL	ily D.	<u> </u>	rture Time	e w.w	am	Return IIm	ie <u>W.W JIVI</u>
Place of Meeting/Confere	ence Sh	Diego	CA						
Rationale for Attendance	Continui	g eau	can o	<u>n</u>			· · · · · ·		
Expenses paid by:	SBDM □ PD	☐ Spec Ed	d □ KET	S Other	(MUST Sp	ecity) _			
Estimated Expenses:						Service To	THE PERSON		Table Europeon
Registration Lodgi	ng Me See policy		Mileag \$0.46 per	mile	are	Substit \$100 per		Other	Total Est. Expenses
500,00 1,400	240	סט, וס	80,00	44	7.36				2,668,36
Duin singl Signature:				Grant	Admin:				
Principal Signature: Prior Superintendent App				_	-11	Re	quired i	f Expenses are Pai	d by Grant Funds
Approved N			<	1	M				
Reason			Superi	intendent Sig	nature				Date
	ints and signatur	es.							request
*** Per Board Policy 03.125 a	ipts and signatur and 03.225: "Out-o Charge @	f-District Tr	avel Reimb		ST be submi	itted wi ll Oth	thin thir er Expe	ty (30) days of the	
Date # Miles	and 03.225: "Out-o	res. f-District Tr Lodgi	avel Reimb	oursements MU		itted wi ll Oth	thin thir er Expe	ty (30) days of the	travel return date.***
*** Per Board Policy 03.125 a	ond 03.225: "Out-o Charge @	f-District Tr	avel Reimb	oursements MU	ST be submi	itted wi ll Oth	thin thir er Expe	ty (30) days of the	travel return date.***
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Date # Miles	charge @ \$.46 t all expenses incluy Schools in the corsement from the	Lodgi Lodgi ded in the apacity of c	above state	Meals Meals erment were inciness; that the dof Education,	Amou	oth Oth unt	Reimb	ty (30) days of the nses xplanation	Total
Date # Miles Date # Miles Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbu	charge @ \$.46 t all expenses incluy Schools in the corsement from the	Lodgi Lodgi ded in the apacity of c	above state	Meals Meals erment were inciness; that the dof Education,	Amou	Oth Unt	Reimb	ty (30) days of the	Total
Date # Miles Date # Miles Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbu	charge @ \$.46 t all expenses incluy Schools in the corsement from the	Lodgi Lodgi ded in the apacity of c	above state	Meals Meals erment were inciness; that the dof Education,	Amou	Oth Unt	Reimb	ty (30) days of the	Total