

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 Constance Blane Date Submitted 4-21-25  
School/Work Site FSMS  
Name of Meeting/Conference Mentor Program  
Date(s) of Meeting/Conference 4-22-25 Departure Time 9am Return Time 2pm  
Place of Meeting/Conference Allen Co. middle school  
Rationale for Attendance Mentor program  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other FSMS ysc

## Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.41 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
—	—	—	—	—	—	—	—

Principal Signature: [Signature] Grant/Admin: [Signature]  
Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds  
☒ Approved ☐ Not Approved...  
Reason \_\_\_\_\_ Superintendent 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 @ \$.41	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	
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.

Constance Blane  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Central Office Use:

Coding \_\_\_\_\_

CFO Approval \_\_\_\_\_

# SIMPSON COUNTY SCHOOLS

## OUT-OF-DISTRICT TRAVEL AUTHORIZATION

CFO Approval

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Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Samuel Kessler Date Submitted 4/23/25  
School/Work Site FTHS  
Name of Meeting/Conference SAFE SCHOOLS & COMMUNITIES CONFERENCE  
Date(s) of Meeting/Conference JUNE 10-11 Departure Time 4:00 PM <sup>JUNE 9</sup> Return Time 6:00 PM <sup>JUNE 1</sup>  
Place of Meeting/Conference GREAT CROSSINGS HIGH SCHOOL GEORGETOWN, KY  
Rationale for Attendance SCHOOL SAFETY  
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
<u>0</u>	<u>338.00</u>	<u>80.00</u>	<u>420 x .46 =</u> <u>193.22</u> <u>180.60</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>\$611.82</u> <u>599.40</u>

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
☒ Approved ☐ Not Approved...  
Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 4/28/25

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

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# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name SAMUEL KESSLER Date Submitted 4/23/25  
 School/Work Site FSTHS  
 Name of Meeting/Conference KASA  
 Date(s) of Meeting/Conference July 23-25 Departure Time July 23 12:00 PM Return Time July 25 2:00 PM  
 Place of Meeting/Conference GALT HOUSE - LOUISVILLE, KY  
 Rationale for Attendance PD/EUA  
 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
/	/	\$80.00	300 x .46 \$138 129	/	/	/	\$218.00 \$209

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
☒ Approved ☐ Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature JSH Date 4/28/25

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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.\*\*\*

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

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

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

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# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Tim Schlosser Date Submitted 4-29-25  
School/Work Site CD  
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 <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
<u>500.<sup>00</sup></u>	<u>1,400.<sup>00</sup></u>	<u>240.<sup>00</sup></u>	<u>80.<sup>00</sup></u>	<u>448.<sup>36</sup></u>			<u>2,668.<sup>36</sup></u>

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
☒ Approved ☐ Not Approved...  
Reason \_\_\_\_\_ Superintendent Signature [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.\*\*\*

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

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