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

		Ahma Q	210 200
Employee Name Tanmie Mann	Date Submitted	game 4,	auds
School/Work Site CD - Board Member	/)	1 1 1 1 1 1	1
Name of Meeting/Conference 145 BA Summer	Cead er 31	ip Motitu	12
Data(s) of Maeting/Conference July 10, 11, 2025	Departure Time _	6:00 mm Return T	ime <u>6:00 #m</u>
Place of Meeting/Conference Marriott Lexing	ton Griff	in Gate	
Rationale for Attendance Continuing Education Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) 0011071-0338 406			
Expenses paid by:	Other (MUST Spec	fy) 00 110 11 -	0008 406
Estimated Expenses:			
Registration Lodging Meals Mileage So.46 per mile See policy on back* \$0.46 per mile		bstitute Other 10 per day	Total Est. Expenses 987.21
Principal Signature:	Grant/Admin:		
Prior Superintendent Approval:	-11	Required if Expenses are	Paid by Grant Funds
Approved Not Approved	SM		6/12/21
Reason Superintende	ent 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.****			
Mipinal reduited receipts and signatures.			
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursement Charge @ Lodging Med	nts MUST be submitte	d within thirty (30) days of Other Expenses	
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*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursement Date # Miles Charge @ Lodging Mea	als Amount	d within thirty (30) days of Other Expenses	the travel return date.*** Total
### Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursement Date # Miles Charge @ Lodging Med \$.46 Lodging Med Affidavit: I hereby certify that all expenses included in the above statement was appalyable of Simpson County Schools in the capacity of official business; the	Amount Are incurred by an at they are proper	d within thirty (30) days of Other Expenses Explanation	the travel return date.*** Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursement Date # Miles Charge @ Lodging Med \$.46 Lodging Med Affidavit: Lereby certify that all expenses included in the above statement with the company of th	Amount Are incurred by an at they are proper	d within thirty (30) days of Other Expenses Explanation	the travel return date.*** Total
### Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursement Date # Miles	vere incurred by an at they are proper cation; and that all	Reimbursement D Central Office Use:	the travel return date.*** Total
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