Employee Name	elanie A	brey	Date	e Submitted_	5 23 2	J-
School/Work Site	545					
Name of Meeting/Confe	erence CTE	Summer	Confere	nce		
Date(s) of Meeting/Conf	ference Ju	14 27-31	Depar	ture Time	Return	Time
Place of Meeting/Confe				oui svill	e, KY	
Rationale for Attendanc	e CTE	updates			(2) 2/	16
Expenses paid by:	ISBDM □ PD	□ Spec Ed □ k	KETS ☑ Other (	MUST Specify	Perker	JS
Estimated Expenses:						
Registration Lod	See policy	on back* \$0.43	eage Airfa per mile		per day	Total Est. Expenses
<u></u>	_ \$11	eo \$115	1.24			4 L13.00
Principal Signature:			Grant/	Admin:	2 / L	
Prior Superintendent Ap	proval:		100		Required if Expenses a	re Paid by Grant Funds
Approved	Not Approved	_ <	J SM			5/21/25
Reason		Sup	erintendent Sigr	nature		Date
	eipts and signatur	The second line of the second li			ble det des l	5.1
*** Per Board Policy 03.125  Date # Miles		The second line of the second li	mbursements MUS Meals		within thirty (30) days of Other Expenses Explanation	of the travel return date.*** Total
*** Per Board Policy 03.125	and 03.225: "Out-o	f-District Travel Rei	And the Lot		ther Expenses	THE THE RESERVE
*** Per Board Policy 03.125	and 03.225: "Out-o	f-District Travel Rei	And the Lot		ther Expenses	THE THE RESERVE
*** Per Board Policy 03.125	and 03.225: "Out-o	f-District Travel Rei	And the Lot		ther Expenses	THE THE RESERVE
*** Per Board Policy 03.125	and 03.225: "Out-o	f-District Travel Rei	And the Lot		ther Expenses	THE THE RESERVE
*** Per Board Policy 03.125	and 03.225: "Out-o	f-District Travel Rei	And the Lot		ther Expenses	THE THE RESERVE
*** Per Board Policy 03.125	and 03.225: "Out-o	f-District Travel Rei	And the Lot		ther Expenses	THE THE RESERVE
*** Per Board Policy 03.125	and 03.225: "Out-o	f-District Travel Rei	And the Lot		ther Expenses	THE THE RESERVE
*** Per Board Policy 03.125  Date # Miles	and 03.225: "Out-o Charge @ \$.43	f-District Travel Rei	Meals	Amount	ther Expenses	Total
*** Per Board Policy 03.125  Date # Miles  Affidavit: I hereby certify the employee of Simpson County	charge @ \$.43  st all expenses included the care of th	Lodging  Lodging  ded in the above st	Meals  atement were incu	Amount  rred by an are proper	Explanation	Total
*** Per Board Policy 03.125  Date # Miles  Affidavit: I hereby certify that	charge @ \$.43  Stall expenses include the Schools in the causement from the stall expenses includes the stall expenses in the stall expenses includes the stall expenses in the stall expenses in the	Lodging  Lodging  ded in the above stapacity of official businesson County Bo	Meals  atement were incursiness; that they are ard of Education; a	rred by an are proper nd that all	Explanation	Total
Date # Miles  Date # Miles  Affidavit: I hereby certify the employee of Simpson Councharges qualifying for reimb	charge @ \$.43  Stall expenses include the Schools in the causement from the stall expenses includes the stall expenses in the stall expenses includes the stall expenses in the stall expenses in the	Lodging  Lodging  ded in the above stapacity of official businesson County Bo	Meals  atement were incursiness; that they are ard of Education; a	rred by an are proper and that all	Explanation  Explanation  Reimbursement	Total
Date # Miles  Date # Miles  Affidavit: I hereby certify the employee of Simpson Councharges qualifying for reimb	charge @ \$.43  Stall expenses include the Schools in the causement from the stall expenses includes the stall expenses in the stall expenses includes the stall expenses in the stall expenses in the	Lodging  Lodging  ded in the above stapacity of official businesson County Bo	Meals  atement were incursiness; that they ard of Education; a yledge.	rred by an are proper and that all	Explanation  Explanation  Reimbursement	Total
Date # Miles  Date # Miles  Affidavit: I hereby certify the employee of Simpson Councharges qualifying for reimb data furnished here within is	charge @ \$.43  Stall expenses include the Schools in the causement from the stall expenses includes the stall expenses in the stall expenses includes the stall expenses in the stall expenses in the	Lodging  Lodging  ded in the above stapacity of official businesson County Bo	atement were incursiness; that they are ard of Education; a wledge.	rred by an are proper and that all	Reimbursement  entral Office Use:	Total

Employee Name	Tonya	Hou	7MS	Date	e Submitte	5/2	1/25	
School/Work Site	Franklin-Sim	pson High	School				1	
Name of Meeting								0.50
Date(s) of Meetin				Depart	ture Time	3:45 am	Return Ti	ime 8pm
Place of Meeting/	/Conference _	San Diego,	CA					
Rationale for Atte			e and Climate	e Conference				
Expenses paid by:	: □ SBDM	□ PD □	Spec Ed 🔲 I	KETS 🗆 Other (1	MUST Spec	cify)		
Estimated Expens	ses:							
Registration	Lodging	<b>Meal</b> See policy o		eage Airfa per mile		u <b>bstitute</b> 100 per day	Other	Total Est. Expenses
\$495	\$768	\$20		\$642	2.30			\$2105.30
Principal Signatur	re:	In		Grant/A	Admin:			
Prior Superintend	/ /			1	1	Required	if Expenses are P	Paid by Grant Funds
	Not App		-		M.			
Reason			Sup	erintendent Sign	nature			Date
Submit this secti	ion upon return ired receipts and			AVEL EXP	ENSE R	EIMBL	JRSEMEN	IT REQUEST
The second secon			Contraction of the Contraction o	imbursements MUS	T be submitt	ed within th	irty (30) days of t	he travel return date.***
*** Per Board Policy	y 03.125 and 03.2	25: "Out-of-I	Contraction of the Contraction o	imbursements MUS  Meals		Other Exp	enses	he travel return date.*** Total
*** Per Board Policy	y 03.125 and 03.2	25: "Out-of-[	District Travel Re		T be submitt Amoun	Other Exp	THE RESERVE AND ADDRESS.	
*** Per Board Policy	y 03.125 and 03.2	25: "Out-of-I	District Travel Re			Other Exp	enses	
*** Per Board Policy	y 03.125 and 03.2	25: "Out-of-I	District Travel Re			Other Exp	enses	
*** Per Board Policy	y 03.125 and 03.2	25: "Out-of-I	District Travel Re			Other Exp	enses	
*** Per Board Policy	y 03.125 and 03.2	25: "Out-of-I	District Travel Re			Other Exp	enses	
*** Per Board Policy	y 03.125 and 03.2	25: "Out-of-I	District Travel Re			Other Exp	enses	
*** Per Board Policy	y 03.125 and 03.2	25: "Out-of-I	District Travel Re			Other Exp	enses	
Date #	y 03.125 and 03.2 Miles \$	25: "Out-of-I	District Travel Re Lodging	Meals	Amour	Other Exp	enses Explanation	Total
Date #  Affidavit: I hereby ceemployee of Simpso	Miles Cha \$  Cha \$  ertify that all expension County School	25: "Out-of-I rge @ 5.43	Lodging  Ed in the above sacity of official be	Meals  tatement were incurrence ousiness; that they a	Amoun	Other Exp	enses	Total
Date #	Miles Cha \$  ertify that all experience county School or reimbursement	enses includes in the capat from the Sin	Lodging  ed in the above sacity of official impson County Be	Meals  tatement were incurrence in construction incurrence incurrence incurrence incurrence incurre	Amoun	Other Exp	enses Explanation	Total
Date #  Affidavit: I hereby ceemployee of Simpsocharges qualifying for	ertify that all experience country School or reimbursement within is true and	enses includes in the capat from the Sin	Lodging  ed in the above sacity of official impson County Be	Meals  tatement were incurrence in construction incurrence incurrence incurrence incurrence incurre	Amoun	Other Exp	enses Explanation bursement Du	Total
Affidavit: I hereby ceemployee of Simpsocharges qualifying for data furnished here	ertify that all experience country School or reimbursement within is true and	enses includes in the capat from the Sin	Lodging  ed in the above sacity of official impson County Be	tatement were incurrence in the statement were incurrence in the s	Amoun	Reim Central C	enses Explanation bursement Du	Total

And in case of the last of the	_	10				, , , , , , , , , , , , , , , , , , , ,	
Employee N	Name <u>Ke</u>	114 Bak	er	Dat	e Submitte	ed 6-11-25	
School/Wor	rk Site(	1				1000 1	9
Name of M	eeting/Confe	erence Low				KHSH CON	
Date(s) of N	/leeting/Con	ference Ull	423-20	)bepar	ture Time	6:00 am Return Ti	ime <u>4:00 p.M.</u>
		rence Gal		u			
Rationale fo	or Attendanc	e KASA	Mem	ller_		2/ !	
Expenses pa	aid by: □	ISBDM □ PD	□ Spec Ed □	KETS	MUST Spe	ecify) 401L	
Estimated E	xpenses:						
Prior Superi	gnature: intendent Ap	See policy	on back* \$0,43	Grant/A	Admin: _	Substitute \$100 per day  Multiple Substitute  Required if Expenses are F	Paid by Grant Funds    Jit   25   Date
The second secon		Charge @	Reducted to the second		T be submit	CEIMBURSEMEN Sted within thirty (30) days of to Other Expenses nt Explanation	
*** Per Board	# Miles	and 03.225: "Out-o Charge @ \$.43	f-District Travel Re	eimbursements MUS Meals		ted within thirty (30) days of t	he travel return date.***
Date	d Policy 03.125	and 03.225: "Out-o	f-District Travel Re	Meals  20.00	T be submit	ted within thirty (30) days of t Other Expenses	he travel return date.***
*** Per Board  Date  7-23  7-24	# Miles	Charge @ \$.43	f-District Travel Re	Meals  20.00  40.00	T be submit	ted within thirty (30) days of t Other Expenses	he travel return date.***
Date	# Miles	and 03.225: "Out-o Charge @ \$.43	f-District Travel Re	Meals  20.00	T be submit	ted within thirty (30) days of t Other Expenses	he travel return date.***
*** Per Board  Date  7-23  7-24	# Miles	Charge @ \$.43	f-District Travel Re	Meals  20.00  40.00	T be submit	ted within thirty (30) days of t Other Expenses	he travel return date.***
*** Per Board  Date  7-23  7-24	# Miles	Charge @ \$.43	f-District Travel Re	Meals  20.00  40.00	T be submit	ted within thirty (30) days of t Other Expenses	he travel return date.***
*** Per Board  Date  7-23  7-24	# Miles	Charge @ \$.43	f-District Travel Re	Meals  20.00  40.00	T be submit	ted within thirty (30) days of t Other Expenses	he travel return date.***
*** Per Board  Date  7-23  7-24	# Miles	Charge @ \$.43	f-District Travel Re	Meals  20.00  40.00	T be submit	other Expenses  The explanation of the explanation	he travel return date.***  Total
Date 7-23 7-24 7-25  Affidavit: I he employee of charges quality	# Miles  # Miles  # 7	Charge @ \$.43  37.41  37.41	Lodging  Lodging  ded in the above spacity of official I	Meals  20.00  40.00  20.00  statement were incubusiness; that they award of Education; a	Amou  Amou  rred by an are proper	ted within thirty (30) days of t Other Expenses	he travel return date.***  Total
Date  7-23  7-24  7-25  Affidavit: I he employee of charges qualidata furnished	# Miles  # Miles  # 7  # 7	Charge @ \$.43  37.41  37.41  at all expenses incluty Schools in the caursement from the	Lodging  Lodging  ded in the above spacity of official I	Meals  20.00  40.00  20.00  statement were incubusiness; that they award of Education; a	Amou  Amou  rred by an are proper	Other Expenses  The Explanation  Reimbursement Du	he travel return date.***  Total
Date 7-23 7-24 7-25  Affidavit: I he employee of charges quality	# Miles  # Miles  # 7  # 7	Charge @ \$.43  37.41  37.41  at all expenses incluty Schools in the caursement from the	Lodging  Lodging  ded in the above spacity of official I	Meals  20.00  40.00  20.00  30.00  Statement were incubusiness; that they append of Education; appending on the control of Education; appending to the control of Education; a	Amou  Amou  rred by an are proper	Central Office Use:	he travel return date.***  Total

n 1 2 1	1 1.	/ a
Employee Name Amber Chandle	Date Submitted	2025
CHOOL TO THE TOTAL THE TOT	entary	
Name of Meeting/Conference KSNA Am	rual Conference	
Date(s) of Meeting/Conference 425 - 6/28	B/25 Departure Time !:00pm Re	turn Time 2.'00pm
Place of Meeting/Conference Ky Convey	tion Center - Louisville,	Ку
	erence for Myining	- 10
xpenses paid by: SBDM PD Spec Ec	KETS Cother (MUST Specify) FOOd S	service
stimated Expenses:	•	
Registration Lodging Meals  See policy on back*	Mileage Airfare Substitute Ot \$0.43 per mile \$100 per day	her Total Est. Expenses
(53.02 120.00	50.43 per filme \$200 per day	773.02
Principal Signature, Sun Richard	Grant/Admin:	
Principal Signature. Tributation Superintendent Approval:		ses are Paid by Grant Funds
Approved Not Approved	181	6/12/25
Reason	Superintendent Signature	Date
Submit this section your returning, include any	TRAVEL EXPENSE REIMBURSE	MENT REQUEST
ार्गसाहाः तथ्यमित्याः तथयभागः चार्गः त्रीस्राहोत्तरार		
	avel Reimbursements MUST be submitted within thirty (30) o	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Transcription Charge @ Lodgi	ovel Reimbursements MUST be submitted within thirty (30) of the Expenses	lays of the travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tr	Other Expenses	lays of the travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Transcription Charge @ Lodgi	Other Expenses	lays of the travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Transcription Charge @ Lodgi	Other Expenses	lays of the travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Transcription Charge @ Lodgi	Other Expenses	lays of the travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Transcription Charge @ Lodgi	Other Expenses	lays of the travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Transcription Charge @ Lodgi	Other Expenses	lays of the travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Transcription Charge @ Lodgi	Other Expenses	lays of the travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Transcription Charge @ Lodgi	Other Expenses	lays of the travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Transcription Charge @ Lodgi	Other Expenses	lays of the travel return date.***
Per Board Policy 03.125 and 03.225: "Out-of-District Translate # Miles Charge @ Lodgi \$.43 Lodgi	Meals Amount Explana  Amount Explana  Amount Explana  Reimbursem	tion Total
Per Board Policy 03.125 and 03.225: "Out-of-District Translate # Miles Charge @ \$.43 Lodgi \$.43  Affidavit: I hereby certify that all expenses included in the apemployee of Simpson County Schools in the capacity of o	Meals  Amount  Explana  Amount  Amount  Explana  Above statement were incurred by an Amount  Reimbursem  Reimbursem  Reimbursem	tion Total
Per Board Policy 03.125 and 03.225: "Out-of-District Translate # Miles Charge @ Lodgi \$.43 Lodgi	Meals  Amount  Explana  Amount  Explana  Above statement were incurred by an fficial business; that they are proper unty Board of Education; and that all	tion Total
Pate # Miles Charge Lodgi \$.43 Lodgi \$.43  Affidavit: I hereby certify that all expenses included in the attemployee of Simpson County Schools in the capacity of ocharges qualifying for reimbursement from the Simpson County Schools in the Simpson County Schools in the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the	Meals  Amount  Explana  Amount  Explana  Above statement were incurred by an fficial business; that they are proper unty Board of Education; and that all	tion Total
Pate # Miles Charge Lodgi \$.43 Lodgi \$.43  Affidavit: I hereby certify that all expenses included in the attemployee of Simpson County Schools in the capacity of ocharges qualifying for reimbursement from the Simpson County Schools in the Simpson County Schools in the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the Simpson County Schools in the Capacity of Ocharges qualifying for reimbursement from the	Meals  Amount  Explana  Amount  Explana  Above statement were incurred by an fficial business; that they are proper unty Board of Education; and that all	tion Total
Pate # Miles Charge Lodgi \$.43 Lodgi  Affidavit: I hereby certify that all expenses included in the aemployee of Simpson County Schools in the capacity of ocharges qualifying for reimbursement from the Simpson Codata furnished here within is true and correct to the best of the service of th	Meals  Amount  Explana  Above statement were incurred by an fficial business; that they are proper unty Board of Education; and that all my knowledge.  Central Office Us	tion Total

Employee N	Name <u> </u>	phanie	DOWNE	DatDat	e Submitte	ed		
School/Wor	rk SiteFrankl	in-Simpson Hi	gh School	hal Oamfarana				
Name of Me	eeting/Confer	ence Jostens	Renaissance Glo	bai Conferenc	e			Qnna.
Date(s) of N	/leeting/Confe	erence <u>06/27-0</u>	07/01	Depar	ture Time	3:45 am	Return T	ime_ <del>opm</del>
Place of Me	eting/Confere	ence San Dieg	jo, CA					
Rationale fo	or Attendance	School Cul	ture and Climate	Conference				
Expenses pa	aid by:	SBDM □ PD	☐ Spec Ed ☐ KI	TS DOther	(MUST Spe	cify)		
Estimated E	xpenses:							
Registratio	on Lodgi		eals Mile y on back* \$0.43 pe			Substitute 3100 per day	Other	Total Est. Expenses
\$495	\$76		200		2.30			\$2105.30
Prior Superi Appro		orovat: ot Approved	Supe	Grant/	Admin: hature	Require	ed if Expenses are F	Paid by Grant Funds  U 3 J 4  Date
THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.								IT REQUEST
*** Per Board		ipts and signatu and 03.225: "Out-o Charge @ \$.43		nbursements MUS	Amou	Other Ex		he travel return date.*** Total
	d Policy 03.125 a	nd 03.225: "Out-o	of-District Travel Rein	THE PARKETS		Other Ex	penses	he travel return date.***
	d Policy 03.125 a	nd 03.225: "Out-o	of-District Travel Rein	THE PARKETS		Other Ex	penses	he travel return date.***
	d Policy 03.125 a	nd 03.225: "Out-o	of-District Travel Rein	THE PARKETS		Other Ex	penses	he travel return date.***
Date  Affidavit: I he employee of charges qualif	# Miles  # Miles  reby certify that Simpson County fying for reimbur	charge @ \$.43  shall expenses included shall expenses in the consequent from the consequence for the conse	of-District Travel Rein	Meals  tement were incusiness; that they rd of Education; a	Amout	Other Ex	penses	he travel return date.***  Total
Date  Affidavit: I he employee of charges qualif	# Miles  # Miles  reby certify that Simpson County fying for reimbur d here within is to	charge @ \$.43  shall expenses included shall expenses in the consequent from the consequence for the conse	Lodging  Lodging  Ided in the above sta apacity of official but Simpson County Boa	Meals  tement were incusiness; that they rd of Education; a	Amout	Other Ex	Explanation  Explanation	he travel return date.***  Total

Employee Name	igail Fati	M	Date	Submitte	5-17	2-25	
School/Work Site Fran	ıklin-Simpson Hig	h School					
Name of Meeting/Conf	erence Jostens R	Renaissance Glo	bal Conference				
Date(s) of Meeting/Cor			Departu	ıre Time	3:45 am	Return Tin	ne_8pm
Place of Meeting/Confe	erence San Diego	o, CA ure and Climate	Conforonce				
Rationale for Attendan	ce	are and Chimate	Conference				
Expenses paid by:	□SBDM □ PD □	☐ Spec Ed ☐ K	TS Other (M	1UST Spe	cify)		
Estimated Expenses:							
Registration Loc	<b>Iging Me</b> a				Substitute \$100 per day	Other	Total Est. Expenses
\$495 \$	768 \$2		\$642.				\$2105.30
Principal Signature:			Grant/Ac	dmin:			
Prior Superintendent A	///		1	1	Required	if Expenses are Pa	id by Grant Funds
Approved	Not Approved			86			5/13/25
Reason		Supe	rintendent Signa	ture			Date Date
	ceints and signature	111/	AVEL EVLE	MACI	THAIDC	MOLIVILIA	T REQUEST
*** Per Board Policy 03.12	ceipts and signature 5 and 03.225: "Out-of Charge @ \$.43				ted within thi Other Expo	irty (30) days of the	
*** Per Board Policy 03.12	5 and 03.225: "Out-of Charge @	-District Travel Rein	nbursements MUST	be submit	ted within thi Other Expo	irty (30) days of the enses	e travel return date.**
*** Per Board Policy 03.12	5 and 03.225: "Out-of Charge @	-District Travel Rein	nbursements MUST	be submit	ted within thi Other Expo	irty (30) days of the enses	e travel return date.**
*** Per Board Policy 03.12	5 and 03.225: "Out-of Charge @	-District Travel Rein	nbursements MUST	be submit	ted within thi Other Expo	irty (30) days of the enses	e travel return date.**
*** Per Board Policy 03.12	5 and 03.225: "Out-of Charge @	-District Travel Rein	nbursements MUST	be submit	ted within thi Other Expo	irty (30) days of the enses	e travel return date.**
Date # Miles  Affidavit: I hereby certify th	Charge @ \$.43	Lodging  Lodging  led in the above sta	Meals  Meals  tement were incurr	Amou	Other Expo	irty (30) days of the enses	Total
Date # Miles	Charge @ \$.43  sat all expenses includinty Schools in the capturement from the S	Lodging  Lodging  led in the above state of official businesses county Boa	Meals  Meals  tement were incurring siness; that they arrived of Education; and	Amou  ed by an e proper	Other Expo	irty (30) days of the enses Explanation bursement Due	Total
Date # Miles  Date # Miles  Affidavit: I hereby certify themployee of Simpson Courcharges qualifying for reimbour courcharges qualifying f	Charge @ \$.43  sat all expenses includinty Schools in the capturement from the S	Lodging  Lodging  led in the above state of official businesses county Boa	Meals  Meals  tement were incurring siness; that they arrived of Education; and	Amou  ed by an e proper	Other Expont	irty (30) days of the enses Explanation bursement Due	Total

Submit this form to the Principal and Superintendent for PRIOR APPROVAL. Complete All. Items on top helf of form. Attends Wieseling Registration form

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

Employee Name Jur	wher E	211	Date	e Submitte	ed 6/1	0/2025	5
School/Work Site FS	High Si	hool			*		
Name of Meeting/Confere	ence K(r	JA Anr	rual Co	nfect	ence	,	
Date(s) of Meeting/Confe		-6/28/3	25 Depart	ture Time	1:00pm	Return Tir	me 2:00pm
Place of Meeting/Confere	11. 1	onventi	on Cerr	ter-	louis	ville, K	Y .
Rationale for Attendance	Arrial	Confe	rence t	<u>か</u> か	rain	ng	
Expenses paid by:	SBDM 🗆 PD	□ Spec Ed □	KETS Other (	MUST Spe	cify) TO	aser	ive
Estimated Expenses:			•				
Registration Lodgi	See policy		leage Airfa	\$	Substitute 6100 per day	Other	Total Est. Expenses 773.02
Principal Signature: Prior Superintendent App	roval:	Jay May (	Grant/A	Admin:	Required	if Expenses are Pa	aid by Grant Funds
ApprovedNo			1	The		L	12/25
Reason		Suj	perintendent Sign	nature			Date
Appendent and the steel	resentething motel	te any —	ALIEL EVEL	TNICE D	CINADI	IDCENAENI	TDEOLICET
वार्ग्यातको त्रवामारको त्रवदेव	क्रिक्टमाले ब्रोइक्टापा	(who i					T REQUEST
ार्गश्रीतका तथ्एमारचन तथ्रंभ *** Per Board Policy 03.125 a	ાગુલ સામને લોકારોલા nd 03.225: "Out-o	(who i			ted within thi	rty (30) days of th	
	क्रिक्टमाले ब्रोइक्टापा	(who i			ted within thi Other Exp	rty (30) days of th	
*** Per Board Policy 03.125 a	ps and signatur nd 03.225: "Out-o Charge @	f-District Travel Re	eimbursements MUS	T be submit	ted within thi Other Exp	rty (30) days of the	e travel return date.***
*** Per Board Policy 03.125 a	ps and signatur nd 03.225: "Out-o Charge @	f-District Travel Re	eimbursements MUS	T be submit	ted within thi Other Exp	rty (30) days of the	e travel return date.***
*** Per Board Policy 03.125 a	ps and signatur nd 03.225: "Out-o Charge @	f-District Travel Re	eimbursements MUS	T be submit	ted within thi Other Exp	rty (30) days of the	e travel return date.***
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lemen.	) इसक्षेत्रा अध्यक्ष अध्यक्षीरमणं अध्यक्ष   Policy 03,125 a	विक्र am विशेषाकारण	( <del>)</del> ()			MBURSEMENT within thirty (30) days of the	
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lemen.	प्रवर्गात्वर त्यस्य	ក្រស ខាក់ នៅខ្លាក់ មេរ nd 03.225: "Out-o	( <del>)</del> ()		T be submitted	within thirty (30) days of the	travel return date.***
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Employee Name SOL	nuel Ev	ans	Date	e Submitte	5.21.	25	
School/Work Site FS1							
Name of Meeting/Confe	rence FFA	camp					
Date(s) of Meeting/Conf	erence $1/7/2$	5-7/11/2	.5Depart	ture Time_		Return Time	e
Place of Meeting/Confer	ence KY FF	A Lead	ership T	rainii	na Cent	ter-H	arainslaug.
Rationale for Attendance					1.00	al.	
Expenses paid by:	SBDM □ PD	□ Spec Ed □ K	ETS DOther (	MUST Spec	cify) $\angle O(I)$	4	
Estimated Expenses:							
Principal Signature:  Prior Superintendent And ApprovedN ReasonN	proval:  Not Approved	on back* \$0.43	Grant/A	s: Admin: #	Digit	The	by Grant Funds  S 23  Date
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oताञ्चीता त्यव्यात्व । त्यव् *** Per Board Policy 03.125 Date # Miles	and 03.225: "Out-o Charge @ \$.43	The state of the s			ed within thirty (3 Other Expenses	0) days of the	
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School/Work Site ECHS Name of Meeting/Conference    A		arrie This	nuel Ev	17(1)	Dat	c Jubillice	d 5.71.75	
Name of Meeting/Conference	School/Wor	k Site FSE	21					
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Rationale for Attendance  Expenses paid by:   SBDM   PD   Spec Ed   KETS   Other (MUST Specify)   Per kins   Meals    Registration   Lodging   Meals   Milleage   Airfare   Substitute   Other   Total Est. Expenses    Registration   Lodging   See policy on back   So 431 per mile    397. 50   12.0   So 431 per mile   Substitute   Other   Total Est. Expenses    Principal Signature:   Grant/Admin:   Redicting if Expenses are Paid by Grant Funds    Principal Signature:   Grant/Admin:   Redicting if Expenses are Paid by Grant Funds    Principal Signature:   Grant/Admin:   Redicting if Expenses are Paid by Grant Funds    Superintendent Signature:   Date    Superintendent Signature:   Date   Travel Redicting   Total    Principal Signature:   Grant/Admin:   Redicting if Expenses are Paid by Grant Funds    Superintendent Signature:   Date   Travel Redicting   Total    TRAVEL EXPENSE REIMBURSEMENT REQUEST    Other Expenses   Other Expenses    Other Expenses   Other Expenses    Other Expenses   Total    Affidivit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schook in the capacity of Gledial business; that they are proper charges qualifying for reimbursement from the Simpson County Band of Education; and that all detail furnished here within is true and correct to the best of my knowledge.    Employee Signature   Date   Coding    Employee Signature   Date   Coding    Total   Coding   Coding    Total   Coding   Coding   Coding    Total   Coding   Coding    Total   Coding   Coding   Coding    Total   Coding   Coding    Total   Coding	Date(s) of M	leeting/Confe	rence 109	25-6/12/	2 <u>.5</u> Depar	ture Time	8 Am Return Tim	e <u>4 Pm</u>
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Registration Lodging Meals See policy on back So did per mile Stop per day Stop per	Rationale fo				<i>i</i>			(11-101)
Registration Lodging Meals See policy on back* See policy on back* See policy on back* See policy on back* So 43 per mile Stop per day Stop per day See policy on back* See policy of back* See policy on back* See policy of back	Expenses pa	id by: 🔲 S	BDM □ PD	☐ Spec Ed ☐ KE	TS Dother (	MUST Spe	//	
397.50   12.0	Estimated Ex	xpenses:					perkns the	eaus
Principal Signature:  Prior Superintendent Approval:  V Approved Not Approved  Reason Superintendent Signature  Superintendent Signature  Prior Superintendent Signature  Superintendent Signature  TRAVEL EXPENSE REIMBURSEMENT REQUEST  Obtains sections upon returning first occupies and signatures  TRAVEL EXPENSE REIMBURSEMENT REQUEST  Other Expenses  Other Expenses  Amount Explanation  Total  Affidavit: 1 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  Central Office Use:	Registratio	on Lodgii						Total Est. Expenses
Prior Superintendent Approval:  V Approved Not Approved  Reason Superintendent Signature  Superintendent Signature  Superintendent Signature  Superintendent Signature  Superintendent Signature  TRAVEL EXPENSE REIMBURSEMENT REQUEST Other Expenses  Other Expenses  Other Expenses  Amount  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  Page 127 23  Date  TRAVEL EXPENSE REIMBURSEMENT REQUEST Other Expenses  Other Expenses  Amount  Explanation  Reimbursement Due  Reimbursement Due  Central Office Use:		397.						
Prior Superintendent Approval:  V Approved Not Approved  Reason Superintendent Signature  Superintendent Signature  Superintendent Signature  Superintendent Signature  TRAVEL EXPENSE REIMBURSEMENT REQUEST Other Expenses  Other Expenses  Other Expenses  Amount  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.  Employee Signature  Date  Travel EXPENSE REIMBURSEMENT REQUEST Other Expenses  Other Expenses  Amount  Explanation  Reimbursement Due  Reimbursement Due  Central Office Use:			12		Cuanti	۱ ماسمنم، ا	1/2/1/2	
Approved			<i>U</i> /		Grant//	aumm. —	Required if Expenses are Paid	by Grant Funds
Superintendent Signature  Superintendent Signature  Superintendent Signature  TRAVEL EXPENSE REIMBURSEMENT REQUEST  TRAVEL EXPENSE REIMBURSEMENT REQUEST  TRAVEL EXPENSE REIMBURSEMENT REQUEST  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.  Employee Signature  Date  TRAVEL EXPENSE REIMBURSEMENT REQUEST  Other Expenses  Amount Explanation  Total  Reimbursement Due  Reimbursement Due  Central Office Use:	-				4	-5/1	U	0/27/25
***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 S.43 Lodging Meals Other Expenses Amount Explanation Total  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.  Employee Signature Date Coding  Coding				Supe	rintendent Sigi	nature		Date
***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 S.43 Lodging Meals Other Expenses Amount Explanation Total  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.  Employee Signature Date Coding  Coding				and the same of th				
Date # Miles Charge @ \$.43 Lodging Meals Amount Explanation    Charge @ \$.43 Lodging Meals Amount Explanation   Charge @ \$.43   Charge @ \$.43	origina	। रचक्षानियो रचदव	pts and signatu	resis I I I I I				
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Employee Signature	employee of	Simpson County	Schools in the ca	apacity of official bus	siness; that they	are proper	Reimbursement Due	
Employee Signature	employee of S	Simpson County Ving for reimbur	Schools in the ca sement from the	apacity of official bus Simpson County Boa	siness; that they rd of Education; a	are proper		
Supervisor Signature Date CFO Approval	employee of S	Simpson County Ving for reimbur	Schools in the ca sement from the	apacity of official bus Simpson County Boa	siness; that they rd of Education; a	are proper		
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Employee N	Name_les	ton Fish	ur	Date	Submitted	6-11-2	5
School/Woi	rk Site <u>CC</u>	)					
Name of M	eeting/Confe	rence <u>LOU</u>	isville, K			Conference	
Date(s) of N	/leeting/Confe	erence July	23-25	Depart	ure Time <u>(</u>	<u>a:000am</u> Return	Time 4:00 pm
		ence <u>Balt</u>					
Rationale fo		Board Uer					
Expenses pa	aid by:	SBDM □ PD □	l Spec Ed □ K	ETS Other (N	MUST Specify	1)_4016	
Estimated E	xpenses:						
Registrati	on Lodg	See policy o		eage Airfai per mile		stitute Other	Total Est. Expenses
	ntendent Apr	oroval: ot Approved	Supe	Grant/A	1	Required if Expenses a	re Paid by Grant Funds  6/13/28  Date
		returning. Include cipts and signature		AVEL EXPE	<b>INSE RE</b>	<b>IMBURSEM</b>	ENT REQUEST
		and 03.225: "Out-of-I		mbursements MUST		Other Expenses	of the travel return date.***  Total
*** Per Board	# Miles	and 03.225: "Out-of-I Charge @ \$.43	District Travel Rei	Meals		The second secon	Total
Date	d Policy 03.125	and 03.225: "Out-of-I	District Travel Rei	Meals 20.00		Other Expenses	Total
Date 1.23 1.24	# Miles	Charge @ \$.43	District Travel Rei	Meals  20. <sup>∞</sup> 40. <sup>∞</sup>		Other Expenses	Total
Date	# Miles	and 03.225: "Out-of-I Charge @ \$.43	District Travel Rei	Meals 20.00		Other Expenses	Total
Date 1.23 1.24	# Miles	Charge @ \$.43	District Travel Rei	Meals  20. <sup>∞</sup> 40. <sup>∞</sup>		Other Expenses	Total
Date 1.23 1.24	# Miles	Charge @ \$.43	District Travel Rei	Meals  20. <sup>∞</sup> 40. <sup>∞</sup>		Other Expenses	Total
Date 1.23 1.24 1.25  Affidavit: I he	# Miles  # Miles	Charge @ \$.43  49.88  49.88	Lodging  ed in the above sta	Meals  20.00  40.00  20.00	Amount	Other Expenses	Total
Date  1.23  1.24  1.25  Affidavit: I he employee of charges qualidata furnishe	# Miles  # Miles  # Miles  # Miles  # Miles	t all expenses include y Schools in the capater of	Lodging  ed in the above stacity of official bumpson County Boom	Meals  20.00  40.00  20.00  20.00  atement were incursiness; that they a ard of Education; ar whedge.	Amount  Tred by an re proper and that all	Other Expenses Explanation	Total
Date  1.23  1.24  1.25  Affidavit: I he employee of charges qualidata furnishe	# Miles  # Miles  # Miles  # Miles  # Miles	t all expenses include y Schools in the capater of	Lodging  ed in the above stacity of official bumpson County Boom	Meals  20.00  40.00  20.00  20.00  atement were incursiness; that they are ard of Education; are	arred by an re proper and that all	Explanation  Explanation  Reimbursement	Total

				5/201	7 <
Employee Name	Bryan Jones Frenklin-Simp	Da	ate Submitted	5/201	
School/Work Site	Frenklin-Simp	son His.			
Name of Meeting/Confe	rence	CTE Suma	mer Program		1100
Date(s) of Meeting/Conf	rence 2025 Terence July 2	9-31 Dep	arture Time 6:00	Return Tir	ne 1.00 pm
Disas of Mosting/Confer	ence Galt	House in	Louisville	, KY	
Rationale for Attendance	Professio	nel Verclop	m. J Opp	Partenities	
Expenses paid by:	SBDM □ PD □ Spec E	d 🗆 KETS 🗆 Othe	r (MUST Specify)	fer kins	
Estimated Expenses:					
Registration Lodg	See policy on back*	\$0.43 per mile	rfare Substit		Total Est. Expenses
Principal Signature: Prior Superintendent Ap Approved	proval.	Gran	t/Admin:	equired if Expenses are Pa	aid by Grant Funds
Reason		Superintendent S	Ignature		Date
Date # Miles	and 03.225: "Out-of-District T Charge @ Lodg \$.43	PERSON DISCULLARIA		thin thirty (30) days of the er Expenses Explanation	Total
employee of Simpson Coun charges qualifying for reimb	at all expenses included in the try Schools in the capacity of cursement from the Simpson C strue and correct to the best of	official business; that the County Board of Education	ey are proper n; and that all	Reimbursement Due	
Employee Signature		Date	Co	ding	diversity the
Supervisor Signature		Date	CF(	O Approval	egreve-eyeride-pilliklicom

Employee Name 15 ryan Jones	Date Submitted	5/20/25
Econ King = Sing	Dron H.S.	
Name of Meeting/Conference FBL	A Summer Cam	ρ
Name of Meeting/Conference FBL  Date(s) of Meeting/Conference Tune 3-	<b></b> Departure Time _	9:00 an Return Time 2:00 pm
Place of Meeting/Conference	isburg, KY	1 00 1
Rationale for Attendance Supervision	on 4 travel with,	regional officer to camp
Expenses paid by:	☐ KETS ☐ Other (MUST Spec	ify) FBLA
Estimated Expenses:		
Registration Lodging Meals See policy on back*  Principal Signature:  Prior Superintendent Approval:	Time age	Required if Expenses are Paid by Grant Junds,
Approved Not Approved	080	J/2/ T
Reason	Superintendent Signature	Date
Submit this section upon returning, include any priginal required receipts and signatures.	TRAVEL EXPENSE R	EIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra		
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be submitte	ed within thirty (30) days of the travel return date.***  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be submitte	ed within thirty (30) days of the travel return date.***  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be submitte	ed within thirty (30) days of the travel return date.***  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be submitte	ed within thirty (30) days of the travel return date.***  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be submitte	ed within thirty (30) days of the travel return date.***  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be submitte	ed within thirty (30) days of the travel return date.***  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be submitte	ed within thirty (30) days of the travel return date.***  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be submitte	ed within thirty (30) days of the travel return date.***  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be submitte	ed within thirty (30) days of the travel return date.***  Other Expenses  Total
Per Board Policy 03.125 and 03.225: "Out-of-District Tra	yel Reimbursements MUST be submitted by Meals Amoun	Other Expenses t Explanation  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	Meals  Meals  Amoun  bove statement were incurred by an ficial business; that they are proper unty Board of Education; and that all	ed within thirty (30) days of the travel return date.***  Other Expenses  Total
Date # Miles Charge @ Lodgin \$.43  Affidavit: I hereby certify that all expenses included in the a employee of Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson Coudata furnished here within is true and correct to the best of many contents.	bove statement were incurred by an ficial business; that they are proper unty Board of Education; and that all my knowledge.	Other Expenses t Explanation  Reimbursement Due  Central Office Use:
Date # Miles Charge @ Lodgin \$.43  Affidavit: I hereby certify that all expenses included in the a employee of Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of the ca	Meals  Meals  Amoun  bove statement were incurred by an ficial business; that they are proper unty Board of Education; and that all	Other Expenses t Explanation  Reimbursement Due

Employee Name Sama KESSLER	Date Submitted
School/Work Site F5+15	
Name of Meeting/Conference	REN AISSANCE
	Departure Time 3:45 Am Return Time 5:00 Pm
Place of Meeting/Conference SAN DIEGO	
Rationale for Attendance School Cultu	
Expenses paid by: A SBDM PD Spec	Ed KETS Other (MUST Specify)
Estimated Expenses:	
Registration Lodging Meals See policy on back*  \$768	Mileage Airfare Substitute Other Total Est. Expenses  50.46 per mile \$100 per day  100 x, 46 \$42.30  Grant/Admin:
Principal Signature:  Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
ApprovedNot Approved	5/21/25
Reason	Superintendent Signature Date
original required receipts and signatures.	
Charge @	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***  Other Expenses  dging Meals Amount Explanation
Date # Miles Charge @ Log	Other Expenses  Total
Date # Miles Charge @ Log	Other Expenses  Total
Date # Miles Charge @ Log	Other Expenses  Total
Date # Miles Charge @ Log	Other Expenses  Total
Date # Miles Charge @ Log	Other Expenses  Total
Date # Miles Charge @ Loc	Meals Amount Explanation Total  Amount Explanation
Date # Miles Charge @ Log	Meals  Amount  Explanation  Total  Amount  Explanation  Reimbursement Due  f official business; that they are proper  County Board of Education; and that all
Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity or charges qualifying for reimbursement from the Simpson	Meals  Amount  Explanation  Total  Amount  Explanation  Reimbursement Due  f official business; that they are proper  County Board of Education; and that all

Employee Name Stephanie Manni	200	6/10/2025
Employee Name Stephanie That I	Date Submitted	<u> </u>
School/Work Site Simple Eleme	hual Conferer	18
Name of Meeting/Conference		2:00pm Return Time 2:00pm
Date(s) of Meeting/Conference $6/25-6/25$	The state of the s	
Place of Meeting/Conference Ky Conver	ntion Center-1	ouisville, Ky
1	0. 0   00	ning
Expenses paid by: SBDM PD Spec Ed	☐ KETS ☐ Other (MUST Specif	m) Food Service
Estimated Expenses:		
Registration Lodging Meals  See policy on back* \$		bstitute Other Total Est. Expenses 10 per day
653.02   20.00		773.02
Principal Signature: SWWRichard	Grant/Admin:	
Prior Superintendent Approval:	1	Required if Expenses are Paid by Grant Funds
Approved Not Approved	15h	6/12/25
Reason	Superintendent Signature	Date
Sylverifi fails specified weren returning include any	TDAVEL EVDENCE DE	IMBURSEMENT REQUEST
्रतियोक्ता प्रयुक्तात्वर्ग स्थर्योगात वातनं त्रीयुक्तात्वात्वरः	IKAVEL EXPENSE VE	HAIDOUSEIAIEIA I MEGOESI
		d within thirty (30) days of the travel return date.**
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave	el Reimbursements MUST be submitted	d within thirty (30) days of the travel return date.**  Other Expenses  Total
ার্ন্তানের নের্ন্তানের বের্ন্তানের বার্ন্তের স্থানের	el Reimbursements MUST be submitted	d within thirty (30) days of the travel return date.**  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave	el Reimbursements MUST be submitted	d within thirty (30) days of the travel return date.**  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave	el Reimbursements MUST be submitted	d within thirty (30) days of the travel return date.**  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave	el Reimbursements MUST be submitted	d within thirty (30) days of the travel return date.**  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave	el Reimbursements MUST be submitted	d within thirty (30) days of the travel return date.**  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave	el Reimbursements MUST be submitted	d within thirty (30) days of the travel return date.**  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave	el Reimbursements MUST be submitted	d within thirty (30) days of the travel return date.**  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave	el Reimbursements MUST be submitted	d within thirty (30) days of the travel return date.**  Other Expenses  Total
original recomined reactions and signatures.  *** Per Board Policy 03.125 and 03.225: "Out-of-District Trave  Date # Miles Charge @ Lodging  \$ 5.43  Lodging	Meals Amount	d within thirty (30) days of the travel return date.**  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave  Date # Miles Charge @ Lodging \$.43  Lodging \$.43  Affidavit: I hereby certify that all expenses included in the above of Simpson County Schools in the capacity of office	Meals Amount  Ove statement were incurred by an cial business; that they are proper	Other Expenses Explanation  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave  Date # Miles Charge @ Lodging \$.43  Lodging Affidavit: I hereby certify that all expenses included in the above	Meals Amount  Ove statement were incurred by an cial business; that they are proper ty Board of Education; and that all	Other Expenses Explanation  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave  Date # Miles Charge @ Lodging \$.43  Lodging \$.43  Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of offic charges qualifying for reimbursement from the Simpson County Schools."	Meals Amount  Ove statement were incurred by an cial business; that they are proper ty Board of Education; and that all	Other Expenses Explanation  Reimbursement Due
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave  Date # Miles Charge @ Lodging \$.43  Lodging \$.43  Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of offic charges qualifying for reimbursement from the Simpson County Schools."	Meals Amount  We statement were incurred by an cial business; that they are proper ty Board of Education; and that all knowledge.	Other Expenses Explanation  Reimbursement Due
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel  Date # Miles Charge @ \$.43  Lodging  Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of offic charges qualifying for reimbursement from the Simpson Cound data furnished here within is true and correct to the best of my	Meals Amount  We statement were incurred by an cial business; that they are proper ty Board of Education; and that all knowledge.	Other Expenses Explanation  Reimbursement Due  Central Office Use:

Employee Name Kim McAbee	Date Submitted 6/10/2025	
School/Work Site Central Off	le,	
Name of Meeting/Conference KJNA	Annual Conference	
	Departure Time 1:00pm Return Time 2:00pr	$\sim$
Place of Meeting/Conference	vention center-Louisville, Ky	
Rationale for Attendance Annual (	onterence to training	
Expenses paid by:   SBDM  PD  Sp	ec Ed KETS KOther (MUST Specify) TOOL STVICE	
Estimated Expenses:	•	
Registration Lodging Meals See policy on ba  991.88   20.0  Principal Signature:  Prior Superintendent Approval:  Approved Not Approved	1111 00	
Reason	Superintendent Signature Date	j
		T
Charge @	TRAVEL EXPENSE REIMBURSEMENT REQUES  ict Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date  Other Expenses  Amount Explanation  Total	
*** Per Board Policy 03.125 and 03.225: "Out-of-Distribution Date # Miles Charge @ \$.43	Other Expenses Odging Meals Amount Explanation  Total	
*** Per Board Policy 03.125 and 03.225: "Out-of-Dist	Other Expenses Amount Explanation  Total  Total  Total  The above statement were incurred by an of official business; that they are proper on County Board of Education; and that all set of my knowledge.  Total  Reimbursement Due  Central Office Use:	
*** Per Board Policy 03.125 and 03.225: "Out-of-Distribution of the property o	Other Expenses Amount Explanation  Total  Total  Total  The above statement were incurred by an of official business; that they are proper on County Board of Education; and that all	

Employee Name	Michelle	methe	VSOM Da	te Submitte	ed 5/3	23/25	
School/Work Site		CTE					
Name of Meeting/Co	onference SU	mmer (	STE CO	nferen	Ce		
Date(s) of Meeting/0	Conference 7	128/25 - 7	131 25 Depa	rture Time	0000	Return Tim	e <b>800</b>
Place of Meeting/Co	nference The	e Galt	House				
Rationale for Attend	ance <u>UP 00</u>	ites / Pou	rction			2///	
Expenses paid by:	□ SBDM □ PD	☐ Spec Ed ☐	KETS Dother	(MUST Spe	cify) <u> </u>	RKIN	>
Estimated Expenses:			·leniles XZ= &				
Registration		vleals IV	The second secon	fare S	Substitute \$100 per day	Other	Total Est. Expenses
\$300 st	79.00 \$16	a di	5.22 -	-		_ ,	1,104.22
Dain single Cignotures		***************************************	Grant	/Admin:	BX	-/hul	· ·
Principal Signature: Prior Superintenden				, , , d. ,	Required it	Expenses are Paid	d by Grant Funds
Approved	Not Approved		2181	L	_	5	5/25/25
Reason		Su	perintendent Si	gnature			Date
	receipte and signat	HIVEIS	TALL PER PARTY			American and a series of	
*** Per Board Policy 03	THE RESERVE OF THE PARTY OF THE	of-District Travel F				(30) days of the	travel return date.***
	.125 and 03.225: "Out	Contract Con			ted within thirty Other Expen	(30) days of the	
*** Per Board Policy 03	125 and 03.225: "Out Charge @	of-District Travel F	leimbursements M	JST be submit	ted within thirty Other Expen	y (30) days of the ses	travel return date.***
*** Per Board Policy 03	125 and 03.225: "Out Charge @	of-District Travel F	leimbursements M	JST be submit	ted within thirty Other Expen	y (30) days of the ses	travel return date.***
*** Per Board Policy 03	125 and 03.225: "Out Charge @	of-District Travel F	leimbursements M	JST be submit	ted within thirty Other Expen	y (30) days of the ses	travel return date.***
*** Per Board Policy 03	125 and 03.225: "Out Charge @	of-District Travel F	leimbursements M	JST be submit	ted within thirty Other Expen	y (30) days of the ses	travel return date.***
*** Per Board Policy 03	125 and 03.225: "Out Charge @	of-District Travel F	leimbursements M	JST be submit	ted within thirty Other Expen	y (30) days of the ses	travel return date.***
*** Per Board Policy 03	125 and 03.225: "Out Charge @	of-District Travel F	leimbursements M	JST be submit	ted within thirty Other Expen	y (30) days of the ses	travel return date.***
*** Per Board Policy 03	125 and 03.225: "Out Charge @	of-District Travel F	leimbursements M	JST be submit	ted within thirty Other Expen	y (30) days of the ses	travel return date.***
Date # Mi	Charge @ \$.43	Lodging  Lodging	Meals  Meals  Statement were in	Amount Am	Other Expen	y (30) days of the ses	travel return date.***
Date # Mi	charge @ \$.43  y that all expenses incounty Schools in the imbursement from the	Lodging  Lodging  Cluded in the above capacity of official se Simpson County	statement were in business; that they	Amount Am	Other Expen nt Ex Reimbu	y (30) days of the ses planation	travel return date.***
Date # Mil  Affidavit: I hereby certifemployee of Simpson C	charge @ \$.43  y that all expenses incounty Schools in the imbursement from the	Lodging  Lodging  Cluded in the above capacity of official se Simpson County	statement were in business; that they	Amount Am	Other Expen	y (30) days of the ses planation	travel return date.***
Date # Mi	charge @ \$.43  y that all expenses incounty Schools in the imbursement from the	Lodging  Lodging  Cluded in the above capacity of official se Simpson County	statement were in business; that they	Amount Am	Reimbu	y (30) days of the ses planation	travel return date.***
Date # Mi	charge @ \$.43  y that all expenses incounty Schools in the imbursement from the in is true and correct to the impursement from the impu	Lodging  Lodging  Cluded in the above capacity of official se Simpson County	statement were in business; that they	Amount Am	Other Expen nt Ex Reimbu	y (30) days of the ses planation	travel return date.***
Date # Mis  Affidavit: I hereby certifemployee of Simpson Coharges qualifying for redata furnished here with	charge @ \$.43  y that all expenses incounty Schools in the imbursement from the in is true and correct to the impursement from the impu	Lodging  Lodging  Cluded in the above capacity of official se Simpson County	statement were inbusiness; that they bouldge.	Amount Am	Reimbu	y (30) days of the ses planation	travel return date.***

Employee Name Sam N	lorthern	Date Submitted	5/16/25	
School/Work SiteSS  Name of Meeting/ConferenceK  Date(s) of Meeting/ConferenceC  Place of Meeting/ConferenceC  Rationale for AttendanceT  Expenses paid by: SBDM  Estimated Expenses:  Registration Lodging	(DE Summer Reading June 13 alt House Couisvill	Conference Departure Time 4  Le K Y  Other (MUST Specif	1;00 am Return Time (y) 4016	e <u>6:30 pm</u>
Principal Signature: Prior Superintendent Approval: Not Approved Not Approved Reason		Grant/Admin:	Required if Expenses are Paid	$4/36$ $\frac{96}{96}$ I by Grant Funds $5/2/25$ Date
Submit this section upon returning original required receipts and section upon returning or section upon returning and section upon returning original required receipts and section upon returning and section up	e @ Lodging W	ments MUST be submitted	IMBURSEMENT I within thirty (30) days of the other Expenses Explanation	
Affidavit: I hereby certify that all expens	ses included in the above statement	were incurred by an	Reimbursement Due	
employee of Simpson County Schools is charges qualifying for reimbursement frodata furnished here within is true and co	om the Simpson County Board of Ed rrect to the best of my knowledge.	ducation; and that all	Central Office Use:	
Employee Signature  Supervisor Signature			CFO Approval	