Employee Name Abby Pig	illips	Date Submitted	5.21.25	
School/Work Site FSHS	·			
Al f Manting/Conformed (1)	E summer col	<i>ference</i>		
Date(s) of Meeting/Conference	27/25 - 7/31/25 De	eparture Time	Return Tim	e
Place of Meeting/Conference <u>Go</u>	It House-Louis	ville, ky	T = 1	
Rationale for Attendance	essional pevelo	ment	0.016	
Expenses paid by: SBDM DF	D Spec Ed KETS	ner (MUST Specify)	PERKIA	ے
Estimated Expenses:	(
	Gradu \$0.43 per mile	8/1		d by Grant Funds S 27 25 Date
जुमन्तरिक्षीजनवर्गानाः गुरुगर्भवस्थातिहः	TDAVEL E	スカトリノト ちトル	MBURSEMENT	KEUUESI
*** Per Board Policy 03.125 and 03.225: " Date # Miles \$.43	Out-of-District Travel Reimbursements	MUST be submitted w		
ানুমানা বেণ্টাবেল বেল্টাের রাক্সির *** Per Board Policy 03.125 and 03.225: " Charge	Out-of-District Travel Reimbursements	MUST be submitted w	ithin thirty (30) days of the her Expenses	travel return date.***
ানুমানা বেণ্টাবেল বেল্টাের রাক্সির *** Per Board Policy 03.125 and 03.225: " Charge	Out-of-District Travel Reimbursements	MUST be submitted w	ithin thirty (30) days of the her Expenses	travel return date.***
ানারানের আন্তর্গ বেশ্রান্ত রাক্তর্গু *** Per Board Policy 03.125 and 03.225: " Charge (Out-of-District Travel Reimbursements	MUST be submitted w	ithin thirty (30) days of the her Expenses	travel return date.***
ানারানের আন্তর্গ বেশ্রান্ত রাক্তর্গু *** Per Board Policy 03.125 and 03.225: " Charge (Out-of-District Travel Reimbursements	MUST be submitted w	ithin thirty (30) days of the her Expenses	travel return date.***
ানারানের নাম্বর বের্টান্ত রাক্তর্যুর *** Per Board Policy 03.125 and 03.225: " Charge (Out-of-District Travel Reimbursements	MUST be submitted w	ithin thirty (30) days of the her Expenses	travel return date.***
ানুমানা বেণ্টাবেল বেল্টাের রাক্সির *** Per Board Policy 03.125 and 03.225: " Charge	Out-of-District Travel Reimbursements	MUST be submitted w	ithin thirty (30) days of the her Expenses	travel return date.***
*** Per Board Policy 03.125 and 03.225: " Date # Miles \$.43	Out-of-District Travel Reimbursements Dut-of-District Travel Reimbursements Meals	MUST be submitted w Ot Amount	ithin thirty (30) days of the her Expenses Explanation	travel return date.***
ানুমানা বেণ্টাবেল বেল্টাের রাক্সির *** Per Board Policy 03.125 and 03.225: " Charge	Dut-of-District Travel Reimbursements Lodging Meals Lodging Meals included in the above statement were the capacity of official business; that in the Simpson County Board of Education	Amount Amount incurred by an they are proper ion; and that all	ithin thirty (30) days of the her Expenses	travel return date.***
*** Per Board Policy 03.125 and 03.225: " Date # Miles Charge \$.43 Affidavit: I hereby certify that all expenses employee of Simpson County Schools in charges qualifying for reimbursement from data furnished here within is true and correlations."	Dut-of-District Travel Reimbursements Lodging Meals Lodging Meals included in the above statement were the capacity of official business; that in the Simpson County Board of Education	Amount Amount incurred by an they are proper ion; and that all	Reimbursement Due	travel return date.***
*** Per Board Policy 03.125 and 03.225: " Date # Miles Charge \$.43 Affidavit: I hereby certify that all expenses employee of Simpson County Schools in charges qualifying for reimbursement from	Dut-of-District Travel Reimbursements Lodging Meals Lodging Meals included in the above statement were the capacity of official business; that in the Simpson County Board of Education	Amount e incurred by an they are proper ion; and that all	Reimbursement Due	travel return date.***
*** Per Board Policy 03.125 and 03.225: " Date # Miles Charge \$.43 Affidavit: I hereby certify that all expenses employee of Simpson County Schools in charges qualifying for reimbursement from data furnished here within is true and correct the control of the	Dut-of-District Travel Reimbursements Lodging Meals included in the above statement were the capacity of official business; that in the Simpson County Board of Educativect to the best of my knowledge.	Amount e incurred by an they are proper ion; and that all	Reimbursement Due	travel return date.***

Employee Name Ah	igail Phi	201J	Date	e Submitted	5.21.25	
School/Work Site FS		(
Name of Meeting/Conf	erence FFA	camp				
Date(s) of Meeting/Con	ference 1/1/2	25-7/11/2	5Depart	ture Time	Return 1	ime
Place of Meeting/Confe						
Rationale for Attendance					1 0001	
Expenses paid by:	SBDM □ PD	□ Spec Ed □ K	ETS Other (MUST Specify	1) LOCAL	
Estimated Expenses:						
Principal Signature: Prior Superintendent Approved Reason	See policy	on back* \$0.43 p	Grant/A	\$100	Required if Expenses are	Paid by Grant Funds Date
जानाता त्यवधारको स्थ *** Per Board Policy 03.12	ब्बान्स्य नाविश्वासम्प 5 and 03.225: "Out-o	CHIACON STREET		T be submitted		
*** Per Board Policy 03.129 Date # Miles	ceipts and signatur s and 03.225: "Out-o Charge @ \$.43	CHIACON STREET		T be submitted		
*** Per Board Policy 03.12	and 03.225: "Out-o	f-District Travel Rei	mbursements MUS	T be submitted	within thirty (30) days of Other Expenses	the travel return date.***
*** Per Board Policy 03.12	and 03.225: "Out-o	f-District Travel Rei	mbursements MUS	T be submitted	within thirty (30) days of Other Expenses	the travel return date.***
*** Per Board Policy 03.12	and 03.225: "Out-o	f-District Travel Rei	mbursements MUS	T be submitted	within thirty (30) days of Other Expenses	the travel return date.***
*** Per Board Policy 03.12	and 03.225: "Out-o	f-District Travel Rei	mbursements MUS	T be submitted	within thirty (30) days of Other Expenses Explanation	Total
Date # Miles Date # Miles Affidavit: I hereby certify themployee of Simpson Courcharges qualifying for reiming data furnished here within it.	charge @ \$.43 at all expenses inclusty Schools in the capursement from the strue and correct to	f-District Travel Rei Lodging ded in the above st spacity of official businesson County Bo	Meals Meals atement were incursiness; that they ard of Education; a	Amount Amount rred by an are proper and that all	within thirty (30) days of Other Expenses	Total
Date # Miles # Miles Affidavit: I hereby certify themployee of Simpson Courcharges qualifying for reimb	charge @ \$.43 at all expenses inclusty Schools in the capursement from the strue and correct to	f-District Travel Rei Lodging ded in the above st spacity of official businesson County Bo	Meals Meals atement were incursiness; that they ard of Education; a	Amount Amount Irred by an are proper and that all	within thirty (30) days of Other Expenses Explanation Reimbursement D	Total

	oigail Ph	11/11/03	Dat	e Submitte	q <u> </u>	20	
School/Work Site	SHS	0					
Name of Meeting/Con	ference KY F	FA SHAH	e conve	ntion			• •
Date(s) of Meeting/Co	nference <u>4</u>	25-10/12	25_Depar	ture Time _	8Am	Return Tim	e 40m
Place of Meeting/Conf	erence LeXII	ngton, K	y (cent	ral Ba	nk (enter)	
Rationale for Attendar						VICA	(u.i.a)
Expenses paid by:	□ SBDM □ PD	☐ Spec Ed ☐ KI	ETS 🗖 Other ((MUST Spe	cify) <u>{</u> C	3 PPIX	(Hotel)
Estimated Expenses:			·		þ.	ukins me	als
Registration Lo		eals Mile			ubstitute 100 per day	Other T	otal Est. Expenses
39		cy on back* \$0.43 pt			Bo	1/1	<u> </u>
Principal Signature:			Grant/	Admin: //	Require	d if Expenses are Paic	by Grant Funds
Prior Superintendent	Not Approved		4	Sal	0	112	-1-120
	Not Approved	Suno	rintendent Sig	nature			Date
KCd3011		- Зарс	Timenaem sig				
	बब्बोग्रह नार्व जीवालेए	I/AS	AAFF FVL	じょうし い	FILAIDA	JRSEMENT	MEGOLDI
*** Per Board Policy 03.1	25 and 03.225: "Out-	of-District Travel Rein	distinct		Other Exp	enses	
*** Per Board Policy 03.1. Date # Miles	25 and 03.225: "Out-		nbursements MUS	ST be submitt Amoun	Other Exp		travel return date.**
THE RESIDENCE OF THE PARTY OF T	25 and 03.225: "Out-	of-District Travel Rein	distinct		Other Exp	enses	travel return date.**
THE RESIDENCE OF THE PARTY OF T	25 and 03.225: "Out-	of-District Travel Rein	distinct		Other Exp	enses	travel return date.**
THE RESIDENCE OF THE PARTY OF T	25 and 03.225: "Out-	of-District Travel Rein	distinct		Other Exp	enses	travel return date.**
THE RESIDENCE OF THE PARTY OF T	25 and 03.225: "Out-	of-District Travel Rein	distinct		Other Exp	enses	travel return date.**
THE RESIDENCE OF THE PARTY OF T	25 and 03.225: "Out-	of-District Travel Rein	distinct		Other Exp	enses	travel return date.**
1 A 180 St 50 St 15 A 184 A	25 and 03.225: "Out-	of-District Travel Rein	distinct		Other Exp	enses	travel return date.**
1 A 180 St 50 St 15 A 184 A	25 and 03.225: "Out-	of-District Travel Rein	distinct		Other Exp	enses	travel return date.**
Date # Miles	25 and 03.225: "Out- Charge @ \$.43	of-District Travel Rein Lodging	Meals	Amour	Other Exp	enses	travel return date.**
1 A 180 St 50 St 15 A 184 A	Charge @ \$.43 that all expenses inclinity Schools in the capture of the capture	Lodging Lodging uded in the above state apacity of official but its simpson County Boar	Meals Itement were incusiness; that they ard of Education; a	Amoun	Other Exp	enses Explanation	travel return date.**
Affidavit: I hereby certify temployee of Simpson Cocharges qualifying for rein	Charge @ \$.43 that all expenses inclinity Schools in the capture of the capture	Lodging Lodging uded in the above state apacity of official but its simpson County Boar	Meals Itement were incusiness; that they ard of Education; a	Amoun	Other Exp	Explanation bursement Due	travel return date.**
Affidavit: I hereby certify temployee of Simpson Cocharges qualifying for rein	Charge @ \$.43 that all expenses inclinity Schools in the capture of the capture	Lodging Lodging uded in the above state apacity of official but in the state of t	Meals Itement were incusiness; that they ard of Education; a	Amoun	Other Exp	Explanation bursement Due	travel return date.**
Affidavit: I hereby certify temployee of Simpson Cocharges qualifying for reindata furnished here within	Charge @ \$.43 that all expenses inclinity Schools in the capture of the capture	Lodging Lodging uded in the above state apacity of official but in the state of t	tement were incusiness; that they rd of Education; a ledge.	Amoun	Reim Central (Explanation bursement Due	travel return date.**

Employee Name Such mater			11.10	
	Date S	ubmitted	6/10/202	-5
School/Work Site To Middle School		1		
Name of Meeting/Conference KINA Annu	0	Prenu	e	
Date(s) of Meeting/Conference 625-628/2			Return Tim	
Place of Meeting/Conference Convertion	in Cente		usville, k	<u> </u>
	ence fo			
Expenses paid by: SBDM PD Spec Ed KE	TS Other (MI	UST Specify)	hood Servi	le
Estimated Expenses:	•			
Registration Lodging Meals Miles See policy on back* \$0.43 pe		Substi t \$100 pe		Total Est. Expenses
See policy on back* \$0.43 pe	a mae	2100 pc	-	773.02
- A	•			
Principal Signature: Swill Richards	Grant/Adr		equired if Expenses are Pa	id by Grant Funds
Prior Superintendent Approval: Approved Not Approved	10/	1		1.1.2/20
	rintendent Signat	ure		Date
oblighted (digital agents) and although a			/BURSEMEN	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reim	bursements MUST b	THE RESERVE AND THE PARTY NAMED IN COLUMN TWO IS NOT THE PARTY NAMED IN COLUMN TWO IS	thin thirty (30) days of the er Expenses	travel return date.***
Date # Miles Charge @ Lodging	Meals	Amount	Explanation	Total
HAVE THE RESIDENCE OF THE PARTY			The second secon	
Affidavit: I hereby certify that all expenses included in the above sta	tement were incurre	d by an	Reimbursement Due	
employee of Simpson County Schools in the capacity of official but charges qualifying for reimbursement from the Simpson County Boa	siness; that they are rd of Education; and	proper	Reimbursement Due	
employee of Simpson County Schools in the capacity of official bus	siness; that they are rd of Education; and	proper that all	Reimbursement Due	
employee of Simpson County Schools in the capacity of official but charges qualifying for reimbursement from the Simpson County Boa	siness; that they are rd of Education; and	that all Cer	otral Office Use:	
employee of Simpson County Schools in the capacity of official but charges qualifying for reimbursement from the Simpson County Boa	siness; that they are rd of Education; and	proper that all	otral Office Use:	
employee of Simpson County Schools in the capacity of official bus charges qualifying for reimbursement from the Simpson County Boa data furnished here within is true and correct to the best of my knowledge.	siness; that they are rd of Education; and ledge.	that all Cer	otral Office Use:	

I B.I	ame SW	ab Rich	miller	Date	a Submitta	46	10/2025	5
	k Site		Office.	Dati	e Submitte	.u		
	eting/Confer	1	A Annu	al Cont	TYPE	IR.		
	eeting/Confe	1 1-0	5-6/28/3	25 Depar	ture Time	1:000	☆ Return T	ime 2:00pm
. ,	eting/Confere	11/	convert	ion Cer	ter-	Lai	svIlle,	Ky '
Rationale for	r Attendance	Amuel	confe	rence fi	orti	aini	ng	
Expenses pa	id bv:	SBDM □ PD I	□ Spec Ed □ K	ETS Qther (MUST Spe	cify) To	odsen	vice
Estimated Ex			·	4				
Registratio	n Lodgin	98 120.0	on back* \$0.43 p		Ş	Substitute 3100 per day	Other	Total Est. Expenses
Principal Sign		mayah	Character (Grant/	Admin:	Requir	ed if Expenses are	Paid by Grant Funds
	ntendent App	rovai: ot Approved		19	(10			6/12/25
Reason_	vedNC	ot Approved	Sup	erintendent Sigr	nature			Date
The state of the s	section upon required recei	returning, Including	Assertion Advanced to the Parket of the Park	AVEL EXP	ENSE F	REIMB	URSEMEN	NT REQUEST
	Policy 03.125 a			mbursements MUS	T be submit			the travel return date.**
	# Miles			mbursements MUS Meals	Amou	Other Ex		the travel return date.** Total
*** Per Board		nd 03.225: "Out-o	f-District Travel Rei			Other Ex	penses	SERVE SERVE
*** Per Board		nd 03.225: "Out-o	f-District Travel Rei			Other Ex	penses	SERVE SERVE
*** Per Board		nd 03.225: "Out-o	f-District Travel Rei			Other Ex	penses	SERVE SERVE
*** Per Board		nd 03.225: "Out-o	f-District Travel Rei			Other Ex	penses	SERVE SERVE
*** Per Board		nd 03.225: "Out-o	f-District Travel Rei			Other Ex	penses	SERVE SERVE
*** Per Board		nd 03.225: "Out-o	f-District Travel Rei			Other Ex	penses	SERVE SERVE
*** Per Board		nd 03.225: "Out-o	f-District Travel Rei			Other Ex	penses	SERVE SERVE
*** Per Board		nd 03.225: "Out-o	f-District Travel Rei			Other Ex	cpenses Explanation	Total
*** Per Board Date Affidavit: her	# Miles	charge @ \$.43	Lodging Lodging ded in the above st	Meals	Amou	Other Ex	penses	Total
Affidavit: her employee of Scharges qualifi	# Miles reby certify that Simpson County ying for reimbur	charge @ \$.43 all expenses includes Schools in the carsement from the Schools.	f-District Travel Rei	Meals atement were incursiness; that they hard of Education; a	Amou	Other Ex	cpenses Explanation	Total
Affidavit: her employee of Scharges qualifi	# Miles reby certify that Simpson County ying for reimbur I here within is to	charge @ \$.43 all expenses includes Schools in the carsement from the Schools.	Lodging Lodging ded in the above states of official besides the same of the	Meals atement were incursiness; that they hard of Education; a	Amou	Other Ex	Explanation mbursement D	Total

Employee Name	e Mary I	Beth Schle	15681	Date	e Submitte	ed <u>5/12</u>	125		
Cabaal/Mork Cit	+ Franklin-	Simpson Hig	jh School						
Name of Meetir	ng/Conferen	ce	Renaissance G	lobal Conference	e 			0	
Date(s) of Meet					ture Time	3:45 am	Return	Time 8pm	
Place of Meetin	ng/Conferenc	ce_San Dieg	o, CA			<u></u>			
Rationale for At	ttendance		ure and Climat	e Conference					
Expenses paid b	by: 🗆 SBI	DM 🗆 PD	□ Spec Ed □	KETS DOther (MUST Spe	ecify)			
Estimated Expe	enses:								
Registration	Lodging	Me See policy		leage Airfa		Substitute \$100 per day	Other	Total Est.	Expenses
\$495	\$768		200		2.30			\$2105.	30
Principal Signaterior Superinter Approved Reason	ndent Appro	/	Su	Grant//	Admin:	Require	d if Expenses are	Paid by Grant	Funds/ 9/25 Date
original son	nuived receipt	s and signatur	EC	RAVEL EXP	CIAOL I	ILIMIDA	PINALIAIL	HI INFO	OLJI
*** Per Board Pol		s and signatur 03.225: "Out-o Charge @ \$.43	COLUMN TO SERVICE STATE OF THE	eimbursements MUS		tted within th Other Exp	nirty (30) days o	the travel retu	
*** Per Board Pol	licy 03.125 and	03.225: "Out-o Charge @	f-District Travel Re	eimbursements MUS	T be submit	tted within th Other Exp	nirty (30) days o	the travel retu	ırn date.***
*** Per Board Pol	licy 03.125 and	03.225: "Out-o Charge @	f-District Travel Re	eimbursements MUS	T be submit	tted within th Other Exp	nirty (30) days o	the travel retu	ırn date.***
*** Per Board Pol	licy 03.125 and	03.225: "Out-o Charge @	f-District Travel Re	eimbursements MUS	T be submit	tted within th Other Exp	nirty (30) days o	the travel retu	ırn date.***
Per Board Pol Date Affidavit: I hereby	# Miles	03.225: "Out-o Charge @ \$.43	f-District Travel Ro Lodging	Meals Meals	Amou	Other Exp	nirty (30) days o	the travel retu	ırn date.***
Date Date Affidavit: I hereby employee of Simp charges qualifying	# Miles # Certify that all pson County Sog for reimburses	expenses incluences in the cament from the	Lodging Lodging ded in the above apacity of official	Meals Meals Statement were incurrence outsiness; that they coard of Education; a	Amou Amou	Other Exp Int	nirty (30) days of penses Explanation	the travel retu	ırn date.***
Date Date Affidavit: I hereby employee of Simp charges qualifying	# Miles # Certify that all pson County So for reimburser re within is true	expenses incluences in the cament from the	ded in the above apacity of official Simpson County B	Meals Meals Statement were incurrence outsiness; that they coard of Education; a	Amou Amou	Other Exp Int	nirty (30) days of penses Explanation	the travel retu	ırn date.***

Employee Name	Fin Schlos	ier	Date	Submitted	5/28/2	S	
School/Work Site	Central Office	æ			į, v		
Name of Meeting/Co	nference KH	SAA Stet	e Trek Me	t			
Date(s) of Meeting/C	onference 5	30/25	Depart	ure Time 2	`wo_ Ret	urn Time 73	0m
Place of Meeting/Cor					(V)		
Rationale for Attenda	ince FStts	consethe i	n State To	rek meet			
Expenses paid by:	nce <u>15115</u> □SBDM □PD	☐ Spec Ed ☐ I	(ETS 🖸 Other (I	MUST Specify	1 W - G	and Ful	
Estimated Expenses:							
		y on back* \$0.43	eage Airfa per mile		stitute Oth per day	er Total Est.	
Principal Signature: _			Grant/A	dmin:		es are Paid by Grant	Funds
Prior Superintendent			1	10	Required if Expense	es are Paid by Grant	- 1
	_ Not Approved		1 2	she		5/20	3/25
Reason		s Sup	erintendent Sign	ature			Date
Submit this section u			AVEL EVDE	AICE DE	MARIIRSEN	MENT REQ	IECT
*** Per Board Policy 03. Date # Mile	Charge @			Γ be submitted		nys of the travel retu	
*** Per Board Policy 03.	25 and 03.225: "Out-o	of-District Travel Rei	mbursements MUS	F be submitted	within thirty (30) da Other Expenses	nys of the travel retu	ırn date.***
*** Per Board Policy 03.	25 and 03.225: "Out-o	of-District Travel Rei	mbursements MUS	F be submitted	within thirty (30) da Other Expenses	nys of the travel retu	ırn date.***
*** Per Board Policy 03.	25 and 03.225: "Out-o	of-District Travel Rei	mbursements MUS	F be submitted	within thirty (30) da Other Expenses	nys of the travel retu	ırn date.***
*** Per Board Policy 03.	25 and 03.225: "Out-o	of-District Travel Rei	mbursements MUS	F be submitted	within thirty (30) da Other Expenses	nys of the travel retu	ırn date.***
*** Per Board Policy 03.	25 and 03.225: "Out-o	of-District Travel Rei	mbursements MUS	F be submitted	within thirty (30) da Other Expenses	nys of the travel retu	ırn date.***
*** Per Board Policy 03.	25 and 03.225: "Out-o	of-District Travel Rei	mbursements MUS	F be submitted	within thirty (30) da Other Expenses	nys of the travel retu	ırn date.***
*** Per Board Policy 03.	25 and 03.225: "Out-o	of-District Travel Rei	mbursements MUS	F be submitted	within thirty (30) da Other Expenses	nys of the travel retu	ırn date.***
*** Per Board Policy 03.	25 and 03.225: "Out-o	of-District Travel Rei	mbursements MUS	F be submitted	within thirty (30) da Other Expenses	nys of the travel retu	ırn date.***
Date # Mile Date # Mile Affidavit: I hereby certify employee of Simpson Co	Charge @ \$.43 that all expenses including Schools in the call.	Lodging Lodging ded in the above stapacity of official bi	Meals Meals atement were incurusiness; that they a	Amount Amount red by an re proper	within thirty (30) da Other Expenses	on To	ırn date.***
Date # Mile Affidavit: hereby certify	Charge @ \$.43 that all expenses includintly Schools in the cambursement from the	Lodging Lodging ded in the above stapacity of official bis Simpson County Bo	Meals Meals atement were incurusiness; that they a	Amount red by an re proper and that all	within thirty (30) da Other Expenses Explanati	on To	ırn date.***
Date # Mile Date # Mile Affidavit: I hereby certify employee of Simpson Cocharges qualifying for rein	Charge @ \$.43 that all expenses includintly Schools in the cambursement from the	Lodging Lodging ded in the above stapacity of official bis Simpson County Bo	Meals Meals atement were incurusiness; that they a	red by an re proper and that all	within thirty (30) da Other Expenses Explanati	on To	ırn date.***
Date # Mile Date # Mile Affidavit: I hereby certify employee of Simpson Cocharges qualifying for reid data furnished here within	Charge @ \$.43 that all expenses includintly Schools in the cambursement from the	Lodging Lodging ded in the above stapacity of official bis Simpson County Bo	Meals Meals atement were incurusiness; that they a ard of Education; ar yledge.	red by an re proper and that all	Reimburseme	on To	ırn date.***

Employee Name Sue Swift	Date Submitted	6/10/2025
School/Work Site Lincoln Ele	mentary	
Name of Meeting/Conference	a Annual Conferen	R
Date(s) of Meeting/Conference 6/25		:000m Return Time 2:000m
	onvention Center-	Louisville, Ky
Rationale for Attendance Annual	Conference for t	raining
Expenses paid by: SBDM PD C	Spec Ed KETS Other (MUST Spec	ify) Food sovice
Estimated Expenses:	•	
Registration Lodging Mea See policy of See Principal Signature: Sand P	on back* \$0.43 per mile \$1	Other Total Est. Expenses Of per day 773.62
Prior Superintendent Approval:	1 -1.	Required if Expenses are Paid by Grant Funds
Approved Not Approved	I SM	6/12/25
Reason	Superintendent Signature	Date
*** Per Board Policy 03.125 and 03.225: "Out-of- Date # Miles Charge @ \$.43	District Travel Reimbursements MUST be submitted Lodging Meals Amount	Other Expenses Total Explanation
Affidavit: I hereby certify that all expenses include	nd in the above statement were incurred by an	Reimbursement Due
Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the cap charges qualifying for reimbursement from the Si data furnished here within is true and correct to the	acity of official business; that they are proper mpson County Board of Education; and that all	Central Office Use:
Employee Signature	Date	Coding
		CFO Approval

Employee Name Carder Venal	ole Date Submitted 5/9/25
School/Work Site Franklin-Simpson High Schoo	
Name of Meeting/Conference Jostens Renaissa	nce Global Conference
Date(s) of Meeting/Conference 06/27-07/01	Departure Time <u>3:45 am</u> Return Time <u>8pm</u>
Place of Meeting/Conference San Diego, CA School Culture and C	Climate Conference
Rationale for Attendance	
Expenses paid by:	d 🗆 KETS 🗅 Other (MUST Specify)
Estimated Expenses:	
Registration Lodging Meals See policy on back*	Mileage Airfare Substitute Other Total Est. Expense \$0.43 per mile \$100 per day
\$495 \$768 \$200	\$642.30 \$2105.30
Principal Signature:	Grant/Admin:
Prior Superintendent Approval	Required if Expenses are Paid by Grant Funds
Approved Not Approved	5/13/25
Reason	Superintendent Signature Date
original required receipts and signatures.	
Per Board Policy 03.125 and 03.225: "Out-of-District To Date # Miles Charge @ Lodg	ravel Reimbursements MUST be submitted within thirty (30) days of the travel return date.* Other Expenses Total Amount Explanation
Date # Miles Charge @ Lodg	Other Expenses Total
Date # Miles Charge @ Lodg	Other Expenses Total
Date # Miles Charge @ Lodg	Other Expenses Total
Date # Miles Charge @ Lodg	Other Expenses Total
Date # Miles Charge @ Lodg	Other Expenses Ing Meals Amount Explanation Total
Date # Miles Charge @ Lodg	Meals Amount Explanation Total Above statement were incurred by an official business; that they are proper bunty Board of Education; and that all my knowledge. S19125 Other Expenses Total Reimbursement Due Central Office Use:
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