

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 Lucinda Eversman Date Submitted 7/7/25
School/Work Site Franklin & Lincoln Elementary FRC
Name of Meeting/Conference Victory Over Violence
Date(s) of Meeting/Conference 7/7/25 - 7/10/25 Departure Time 12:00pm Return Time 6pm
Place of Meeting/Conference Grant House 140 North Fourth Street Louisville, Ky. 40202
Rationale for Attendance annual FRySC conference
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) FRySC

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
—	\$597.00	\$140.00	272 miles \$125.12 ^{0.43 0.43}	—	—	—	\$862.12 ^{116.96}

Principal Signature: Matahe McCutchen Grant/Admin: [Signature] ^{853.96}
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 @ \$.43	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	
		0.43					

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.

Lucinda Eversman
Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Reimbursement Due

Central Office Use:

0452104-0580-129

Coding

CFO Approval

Submit this form to the Principal and Superintendent for PRIOR APPROVAL.
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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Michelle Guess Date Submitted 07/07/25
School/Work Site C/O
Name of Meeting/Conference PCG - KSBA Training
Date(s) of Meeting/Conference 08/20/2025 Departure Time 9:00am Return Time 2:00pm
Place of Meeting/Conference Hilton Garden Inn, BG, KY
Rationale for Attendance SBAC Training
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) PD

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
-	-	-	19.78	-	-	-	19.78

Principal Signature: _____ Grant/Admin: Shelia Smith
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature JSH Date 7/9/25

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 @ \$.43	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

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Reimbursement Due

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

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 Brigitte K. Iburu Date Submitted 7-14-25
 School/Work Site FHS
 Name of Meeting/Conference Summer CTE Conference
 Date(s) of Meeting/Conference 7-28/7-31 Departure Time 05:00 AM Return Time 7 PM
 Place of Meeting/Conference Galt House Louisville
 Rationale for Attendance Required Director Info
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) LOCAL

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
<u>0</u>	<u>250</u>	<u>80</u>	<u>113</u>				<u>443</u>

Principal Signature: _____ Grant/Admin: [Signature]
 Prior Superintendent Approval: _____
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 7/16/25

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 @ \$.43	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 _____

Central Office Use:

Coding

CFO Approval

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Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Joey Kilburn - 4720 Date Submitted 7/23/25
School/Work Site Central Office
Name of Meeting/Conference DPP Regional / State Meetings Blanket 25-26
Date(s) of Meeting/Conference _____ Departure Time _____ Return Time _____
Place of Meeting/Conference _____
Rationale for Attendance Reg. DPP Meetings
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) 0001029 - 0580

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses

Principal Signature: _____ Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 7/28/25

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 @ \$.43	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

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

CFO Approval

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 Bethany Minix Date Submitted July 10, 2025

School/Work Site FSMS

Name of Meeting/Conference KACTE Summer Conference

Date(s) of Meeting/Conference July 29-31, 2025 Departure Time 6:00AM Return Time 4:30PM

Place of Meeting/Conference Galt House Hotel, Louisville, KY

Rationale for Attendance Networking with other CTE teachers and collaborative, innovative workshops to bring back to the classroom.

Expenses paid by: ☐ SBDM ☒ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals See policy on back *	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
\$375	\$315	\$100	\$122.98	0	0	0	912.98

Principal Signature: _____ Grant/Admin: _____

Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds

☒ Approved ☐ Not Approved... 7/10/25

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 @ \$.43	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

CFO Approval

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 Sam Northern Date Submitted 7/15/2025
School/Work Site FSMS
Name of Meeting/Conference KASA
Date(s) of Meeting/Conference 7/23-25 Departure Time 12pm 7/23 Return Time 6pm 7/25
Place of Meeting/Conference GAH House, Louisville, KY
Rationale for Attendance PD
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
—	—	\$80 -	234 miles \$100.62	—		—	\$180.62

Principal Signature: _____ Grant/Admin: [Signature]
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 7/16/25

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 @ \$.43	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 _____

Central Office Use:

Coding _____

CFO Approval _____

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Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Mallory Sterling Date Submitted 7/21/2025
School/Work Site FSMS
Name of Meeting/Conference KASA
Date(s) of Meeting/Conference 7/23 - 7/25 Departure Time 7/23 1:00 Return Time 7/25 3:00
Place of Meeting/Conference Galt House Louisville, KY

Rationale for Attendance _____

Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
\$569	\$409.40	\$80.00	\$99.76	0	0		\$1,158.22

Principal Signature: _____ Grant/Admin: _____
Required if Expenses are Paid by Grant Funds

Prior Superintendent Approval: _____

☒ 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 @ \$.43	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 Ashley Taylor Date Submitted 7/1/2025
School/Work Site FSHS
Name of Meeting/Conference Athletic Events
Date(s) of Meeting/Conference FY 25-26 Departure Time _____ Return Time _____
Place of Meeting/Conference Various events throughout the year (blanket request)
Rationale for Attendance Game Manager
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) 0002825-0580-7040

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses

Principal Signature: _____ Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 7/26/25

Submit this section upon returning. Include any original required receipts and signatures.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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Date	# Miles	Charge @ \$.43	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

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Reimbursement Due

Ashley Taylor 7/14/25
Employee Signature Date

Supervisor Signature Date

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
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Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Josh Tucker Date Submitted 7/10/25
School/Work Site Simpson Elementary
Name of Meeting/Conference KASA
Date(s) of Meeting/Conference 7/23/25 - 7/25/25 Departure Time 8:00 am 7/23 Return Time 3:00 pm 7/25
Place of Meeting/Conference Galt House, Louisville Ky.
Rationale for Attendance State Administration Conference
Expenses paid by: ☐ SBDM ☒ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) 401L

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
		<u>80⁰⁰</u>	<u>116⁰⁰</u>			<u>90⁰⁰ parking</u>	<u>286⁰⁰</u>

Principal Signature: [Signature] Grant/Admin: [Signature]
Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 7/14/25

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TRAVEL EXPENSE REIMBURSEMENT REQUEST

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					Amount	Explanation	

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Reimbursement Due

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Leah Wood Date Submitted 7.21.2025
School/Work Site Lincoln Elementray School
Name of Meeting/Conference KASA
Date(s) of Meeting/Conference July 23, 24, 25 Departure Time 6:00am Return Time 6:00pm
Place of Meeting/Conference Galt House Hotel, Louisville, Ky

Rationale for Attendance Professional Development

Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) 401

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
		\$120	268 miles \$115.24				\$235.24

Principal Signature: _____ Grant/Admin: [Signature]

Prior Superintendent Approval:

☒ Approved ☐ Not Approved...

Reason _____

Required if Expenses are Paid by Grant Funds
[Signature] 7/23/25
Superintendent Signature Date

Submit this section upon returning. Include any original required receipts and signatures.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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Date	# Miles	Charge @ \$.43	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

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Reimbursement Due

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval