Employee Name <u>Uanda Eversma</u>		ed 7/7/25	
School/Work Site Franklin & Lincoln	Elementary FRC		
Name of Meeting/Conference Victory Ov	r Violence		
Date(s) of Meeting/Conference 7755 -	7 10 25 Departure Time	e 12:00pm Return Time	e Lepm
Place of Meeting/Conference Galt House			
Rationale for Attendance annual TRYS	sc conference		
Expenses paid by: SBDM PD Spec Ed	☐ KETS ☐ Other (MUST Sp	ecify) <u> </u>	
Estimated Expenses:	0.40 0.43	•	
Registration Lodging Meals See policy on back*	Mileage Airfare \$0.43 per mile	Substitute Other T \$100 per day	otal Est. Expenses
= \$597.00 \$140.00	272 miles		862.12
Masale mais	tchen Grant/Admin:	In Willy	853.96
Principal Signature: Prior Superintendent Approval:	1 m	Required if Expenses are Paid	by Grant Funds
Approved Not Approved	John .		
Reason	Superintendent Signature		Date
Submit this section upon returning. Include any original required receipts and signatures.	TRAVEL EXPENSE	REIMBURSEMENT	REQUEST
*** Dor Board Policy 03 125 and 03 225: "Out-of-District Tra			
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Date # Miles Charge @ Lodgin	vel Reimbursements MUST be submi	Other Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Transcription Charge @ Lodgin	vel Reimbursements MUST be submi	tted within thirty (30) days of the t	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trade Date # Miles Charge @ Lodgin \$.43	vel Reimbursements MUST be submi	tted within thirty (30) days of the t	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trade Date # Miles Charge @ Lodgin \$.43	vel Reimbursements MUST be submi	tted within thirty (30) days of the t	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trade Date # Miles Charge @ Lodgin \$.43	vel Reimbursements MUST be submi	tted within thirty (30) days of the t	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trade Date # Miles Charge @ Lodgin \$.43	vel Reimbursements MUST be submi	tted within thirty (30) days of the t	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trade Date # Miles Charge @ Lodgin \$.43	vel Reimbursements MUST be submi	tted within thirty (30) days of the t	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trade Date # Miles Charge @ Lodgin \$.43	vel Reimbursements MUST be submi	tted within thirty (30) days of the t	travel return date.***
Pate # Miles Charge Charge Lodgin Date # Miles Charge Lodgin \$.40 Affidavit: I hereby certify that all expenses included in the above the second content of the second conten	g Meals Amou	tted within thirty (30) days of the t	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Transport of the Policy Of th	Meals Amou	Other Expenses Int Explanation Reimbursement Due	travel return date.***
Pate # Miles Charge Lodgin Date # Miles Charge Lodgin \$	Meals Amou	Other Expenses Int Explanation Reimbursement Due Central Office Use:	Total
Pate # Miles Charge Lodgin Date # Miles Charge Lodgin S.A.3 Affidavit: I hereby certify that all expenses included in the abe employee of Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson Coudata furnished here within is true and correct to the best of many contractions.	Meals Amou	Other Expenses Int Explanation Reimbursement Due	Total
Pate # Miles Charge Lodgin Date # Miles Charge Lodgin \$	Meals Amou	Reimbursement Due Central Office Use:	Total

		-1 1	
Employee Name Michelle Buss	Date Submit	tted 07/07/25	
School/Work Site ClO			
Name of Meeting/Conference PCG - KSB	A training		
Date(s) of Meeting/Conference 08/20/2021	Departure Tim	ne 9:00an Return Tim	e 2:00pm
Place of Meeting/Conference Hittan Gard	on Inn, Bb, Ky		
Rationale for Attendance SBAC Training		DN	
Expenses paid by:	☐ KETS ② Other (MUST S	pecify) PP	
Estimated Expenses:			
Registration Lodging Meals See policy on back*	Mileage Airfare \$0.43 per mile	Substitute Other \$100 per day	Total Est. Expenses
	19.78 –		19.78
Principal Signature:	Grant/Admin:	Shili Smit	'n
Prior Superintendent Approval:	1 0.	Required if Expenses are Pai	d by Grant Funds
Approved Not Approved	15W		7/9/2
Reason	Superintendent Signature		Date
Submit this section upon returning. Include any original required receipts and signatures.	TARREST MATERIAL SOCIAL	REIMBURSEMENT	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trav	el Reimbursements MUST be subn	nitted within thirty (30) days of the Other Expenses	travel return date.
Date # Miles Charge @ Lodging	g Meals Amo		Total
		Reimbursement Due	
Affidavit: I hereby certify that all expenses included in the aboremployee of Simpson County Schools in the capacity of office	cial business; that they are proper	r	<u> </u>
charges qualifying for reimbursement from the Simpson Coundata furnished here within is true and correct to the best of my	ty Board of Education; and that al howledge.	Central Office Use:	
Employee Signature	Date	Coding	
	Dete	CEO August	
Supervisor Signature	Date	CFO Approval	

	0	11 1	11		- 1 10 1	7-14-25	
Employee Na	ame	igitle K	IBURIO	Dat	e Submitted	11100	
School/Work	Site	FSHS		ATE 1	7 - of forpul	0	
Name of Me	eting/Confer	ence	Ommer	CIEC	0/016/6/0	E WI AM Baturn Time	JOM
Dataicl of M	esting/Confe	rence	7-28/1	-5/Depai	ture Time	J. OU /III. Return min	- / / / /
Place of Mee	eting/Confere	ence	GALT H	Juse Le	DUISVILLE T. FA		
Rationale for	Attendance	Kegi	UIREP 1)11 ecol	IMO	10001	
Expenses pai	id by: 🗆 S	SBOM DPD I	□ Spec Ed □ K	ETS A Other	(MUST Specify)	NOCHI	
Estimated Ex	(penses:						
Registratio	n Lodgi 250	ng Me See policy				titute Other T	otal Est. Expenses
	rtendent App ved No		Supe	Grant/ erintendent Sig	48	Regulard if Expenses are Paid	T by Grant Funds 7/10/75 Date
original *** Per Board Date	required recei Policy 03.125 a # Miles	ipts and signatur nd 03.225: "Out-of Charge @ \$.43			ST be submitted v	MBURSEMENT within thirty (30) days of the ther Expenses Explanation	
*** Per Board	Policy 03.125 a	nd 03.225: "Out-of Charge @	f-District Travel Rein	mbursements MU	ST be submitted to	vithin thirty (30) days of the ther Expenses	travel return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-of Charge @	f-District Travel Rein	mbursements MU	ST be submitted to	vithin thirty (30) days of the ther Expenses	travel return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-of Charge @	f-District Travel Rein	mbursements MU	ST be submitted to	vithin thirty (30) days of the ther Expenses	travel return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-of Charge @	f-District Travel Rein	mbursements MU	ST be submitted to	vithin thirty (30) days of the ther Expenses	travel return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-of Charge @	f-District Travel Rein	mbursements MU	ST be submitted to	vithin thirty (30) days of the ther Expenses	travel return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-of Charge @	f-District Travel Rein	mbursements MU	ST be submitted to	vithin thirty (30) days of the ther Expenses	travel return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-of Charge @	f-District Travel Rein	mbursements MU	ST be submitted to	vithin thirty (30) days of the ther Expenses	travel return date.***
Date	# Miles	nd 03.225: "Out-oi Charge @ \$.43	f-District Travel Rein Lodging	mbursements MU Meals	Amount	vithin thirty (30) days of the ther Expenses	travel return date.***
Date Affidavit: I heremployee of Scharges qualifications and the second	# Miles # Wiles eby certify that impson County ting for reimbur	all expenses include Schools in the case	f-District Travel Rein	Meals Meals Atement were inclusiness; that they ard of Education;	Amount O Amount orred by an are proper and that all	vithin thirty (30) days of the ther Expenses Explanation	travel return date.***
Date Affidavit: I heremployee of Scharges qualifications and the second	# Miles # Miles eby certify that simpson County ying for reimbur here within is to	all expenses include Schools in the case	Lodging Lodging ded in the above stapacity of official busingson County Boa	Meals Meals Atement were inclusiness; that they ard of Education;	Amount O Amount orred by an are proper and that all	Reimbursement Due	travel return date.***
Affidavit: I hen employee of S charges qualify data furnished	# Miles # Miles eby certify that simpson County ying for reimbur here within is to gnature	all expenses include Schools in the case	Lodging Lodging ded in the above stapacity of official busingson County Boa	Meals Meals Meals Attement were inclusiness; that they ard of Education; reledge.	Amount O Amount Orred by an are proper and that all	Reimbursement Due	travel return date.***

Employee Name <u>JORY KIlburn</u> -	4730	_
School/Work Site <u>Central Office</u>	nal 1 State Meetings Blanket 2526	
Name of Meeting/Conference	nal State Meetings Blanket 2526 Departure TimeReturn Time	
Place of Meeting/Conference		
	alvo0 c	
Rationale for Attendance Reg OPP Mee	□ KETS □ Other (MUST Specify) <u>0001099 - 0580</u>	_
	REIS LI Other (Most specify)	_
Estimated Expenses:	Mileage Airfare Substitute Other Total Est. Expense	c
Registration Lodging Meals See policy on back*	Mileage Airfare Substitute Other Total Est. Expense \$0.43 per mile \$100 per day	3
Principal Signature:	Grant/Admin:	
Prior Superintendent Approval: Approved Not Approved	Required if Expenses are Paid by Grant Funds 7 28 28	
Reason	Superintendent Signature Date	_
original requires reservation of statements.	TRAVEL EXPENSE REIMBURSEMENT REQUEST	•
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be submitted within thirty (30) days of the travel return date.*	***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Transcript Date # Miles Charge @ Lodgin	Other Expenses	***
Date # Miles Charge @ Lodgin	Other Expenses Total	***
Date # Miles Charge @ Lodgin	Other Expenses Total	***
Date # Miles Charge @ Lodgin	Other Expenses Total	***
Date # Miles Charge @ Lodgin	Other Expenses Total	***
Date # Miles Charge @ Lodgin	Other Expenses Total	***
Date # Miles Charge @ Lodgin	Other Expenses Total	***
Date # Miles Charge @ Lodgin	Other Expenses Total	***
Date # Miles Charge @ Lodgin	Other Expenses Total	***
Date # Miles Charge @ Lodgin \$.43 Lodgin Affidavit: I hereby certify that all expenses included in the atemployee of Simpson County Schools in the capacity of off	Meals Amount Explanation Total Total Prove statement were incurred by an icial business; that they are proper	***
Date # Miles Charge @ Lodgin \$.43 Lodgin	Meals Amount Explanation Total Amount Explanation Total Prove statement were incurred by an icial business; that they are proper nty Board of Education; and that all	***
Affidavit: I hereby certify that all expenses included in the atemployee of Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson Coundata furnished here within is true and correct to the best of many states.	Meals Amount Explanation Total Amount Explanation Total Prove statement were incurred by an icial business; that they are proper nty Board of Education; and that all	***
Affidavit: I hereby certify that all expenses included in the atemployee of Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson Cou	Meals Amount Explanation Total Prove statement were incurred by an icial business; that they are proper nty Board of Education; and that all by knowledge. Reimbursement Due Central Office Use:	***

Employee Nam	еВ	ethany Minix			Date Su	ubmitted	Jul	y 10, 2025	
School/Work Si									
Name of Meeti			TE Summe	er Conference					
Date(s) of Meet						e Time	6:00AM	Return Tin	ne <u>4:30PM</u>
Place of Meetin									
Rationale for At	ttendance <u>N</u>	letworking wit	h other CT	E teachers an	d collaborativ	e, innovati	ve workshop	s to bring bac	ck to the classroom.
Expenses paid b	by: 🗆 SBI	DM(E)PD I	□ Spec Ed	☐ KETS [☐ Other (MU	JST Specify	/)		
Estimated Expe	enses:								
Registration	Lodging	Me See policy		Mileage \$0.43 per mile	Airfare		stitute per day	Other	Total Est. Expenses
\$375	\$315	\$14	66 /	\$122.98	0	(0	0 -	912.98
Principal Signat	//	May	16-		_Grant/Adm	nin:	Julio	mulf	id by Grant Funds
Prior Superinter	1/				1	do	kequired ii E	xpenses are ra	nd by Granic Funds
1 Approved	Not	Approved		X	1	She			1/16/25
Reason				Superinter	ident Signatu	ıre			Date
Submit this se				TRAVE	EXPEN	ISE RE	IMBUR	SEMEN	T REQUEST
original rec	quired receipt licy 03.125 and		f-District Tra	vel Reimbursei	ments MUST be	submitted		(30) days of the	e travel return date.***
original rec *** Per Board Pol Date	quired receipt licy 03.125 and # Miles	s and signatur 03.225: "Out-o Charge @ \$.43	es. f-District Tra Lodgin	vel Reimbursei		submitted	within thirty Other Expense	(30) days of the	
*** Per Board Pol	licy 03.125 and	03.225: "Out-o Charge @	f-District Tra	vel Reimbursei	ments MUST be	submitted (within thirty Other Expense	(30) days of the	e travel return date.***
*** Per Board Pol	licy 03.125 and	03.225: "Out-o Charge @	f-District Tra	vel Reimbursei	ments MUST be	submitted (within thirty Other Expense	(30) days of the	e travel return date.***
*** Per Board Pol	licy 03.125 and	03.225: "Out-o Charge @	f-District Tra	vel Reimbursei	ments MUST be	submitted (within thirty Other Expense	(30) days of the	e travel return date.***
*** Per Board Pol	licy 03.125 and	03.225: "Out-o Charge @	f-District Tra	vel Reimbursei	ments MUST be	submitted (within thirty Other Expense	(30) days of the	e travel return date.***
*** Per Board Pol	licy 03.125 and	03.225: "Out-o Charge @	f-District Tra	vel Reimbursei	ments MUST be	submitted (within thirty Other Expense	(30) days of the	e travel return date.***
*** Per Board Pol	licy 03.125 and	03.225: "Out-o Charge @	f-District Tra	vel Reimbursei	ments MUST be	submitted (within thirty Other Expense	(30) days of the	e travel return date.***
*** Per Board Pol	licy 03.125 and	03.225: "Out-o Charge @	f-District Tra	vel Reimbursei	ments MUST be	submitted (within thirty Other Expense	(30) days of the	e travel return date.***
Date Affidavit: I hereby	# Miles	03.225: "Out-of Charge @ \$.43	Lodgin	ng N	nents MUST be	Amount by an	Within thirty Other Expense Exp	(30) days of the	Total
*** Per Board Pol	# Miles certify that all coson County Sc for reimburser	expenses include hools in the cament from the S	Lodgin Lodgin ded in the al pacity of off Simpson Cou	pove statement ficial business; inty Board of E	leals were incurred that they are p	by an proper hat all	Within thirty Other Expense Exp	(30) days of the	Total
Date Affidavit: I hereby employee of Simp charges qualifying data furnished her	# Miles # certify that all poson County So for reimburser re within is true	expenses include hools in the cament from the S	Lodgin Lodgin ded in the al pacity of off Simpson Cou	pove statement ficial business; inty Board of Enyknowledge.	were incurred that they are plucation; and the	by an proper hat all	Reimbur	(30) days of the	Total
Date Date Affidavit: I hereby employee of Simp charges qualifying	# Miles # certify that all poson County So for reimburser re within is true	expenses include hools in the cament from the S	Lodgin Lodgin ded in the al pacity of off Simpson Cou	pove statement ficial business; inty Board of Enyknowledge.	leals were incurred that they are p	by an proper hat all	Peimbur	(30) days of the	Total

(1 1 1 1	7/15/2025
Employee Name Sam North	ernDate Submitted _ 7/15/2025
School/Work Site FSMS	7
Name of Meeting/Conference KASA	Departure Time <u>Iaph 7/23</u> Return Time <u>Gin 7/25</u>
Date(s) of Meeting/Conference $\frac{7/23-5}{2}$	Departure Time Tapin 17 Trecum Time Time
Place of Meeting/Conference 6alt	House, Louisville, IC/
Rationale for Attendance PD	
Expenses paid by:	Spec Ed
Estimated Expenses:	
Registration Lodging Mea See policy of Factor See See Policy of Factor See Policy See Pol	on back* \$0.43 per mile \$100 per day
Principal Signature:	Grant/Admin: Required if Expenses are Paid by Grant Funds
Prior Superintendent Approval:	A Sequired if expenses are Paid by Grant Purids
Approved Not Approved	16/2
Reason	Superintendent Signature Date
Submit this section upon returning, Include original required receipts and signature	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.** Other Expenses
*** Per Board Policy 03.125 and 03.225: "Out-of- Date # Miles Charge @ \$.43	District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return 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.** Other Expenses Total
*** 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.** Other Expenses Total
*** 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.** Other Expenses Total
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*** 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.** Other Expenses Total
*** 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.** Other Expenses Total
*** 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.** Other Expenses Total
*** 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.** Other Expenses Amount Explanation Total
**** Per Board Policy 03.125 and 03.225: "Out-of- Date # Miles Charge @ \$.43 Affidavit: I bereby certify that all expenses include	District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.** Other Expenses
**** Per Board Policy 03.125 and 03.225: "Out-of- Date # Miles Charge @ \$.43	District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.** Lodging Meals Amount Explanation Total ed in the above statement were incurred by an acity of official business; that they are proper mpson County Board of Education; and that all
**** Per Board Policy 03.125 and 03.225: "Out-of- Date # Miles Charge @ \$.43 Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the cap charges qualifying for reimbursement from the Sidata furnished here within is true and correct to the	District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.** Lodging Meals Amount Explanation Total ed in the above statement were incurred by an acity of official business; that they are proper mpson County Board of Education; and that all
**** Per Board Policy 03.125 and 03.225: "Out-of- Date # Miles Charge @ \$.43 Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the cap charges qualifying for reimbursement from the Si	District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.** Other Expenses Amount Explanation Total ed in the above statement were incurred by an acity of official business; that they are proper mpson County Board of Education; and that all the best of my knowledge. Reimbursement Due Central Office Use:

11 10 1 11 11	7/2/2020
Employee Name Mallory Sterling	Date Submitted 7 2 2025
School/Work Site FSMS	
Name of Meeting/Conference +ASH	7/2- 7/20 - 7/25 2:0
Date(s) of Meeting/Conference	7 25
Place of Meeting/Conference Galt House	u Louisville, K-1
Rationale for Attendance	
Expenses paid by:	ec Ed
Estimated Expenses:	
Registration Lodging Meals See policy on back \$50.00	1
Principal Signature:Prior Superintendent Approval Not Approved	Grant/Admin: Required if Expenses are Paid by Grant Funds
Reason	Superintendent Signature Date
Charge @	odging Meals Amount Explanation
	Reimbursement Due
Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpso data furnished here within is true and correct to the bes	of official business; that they are proper in County Board of Education; and that all
Employee Signature	Date Coding
Supervisor Signature	Date CFO Approval

Employee Name <u>Ashley Taylor</u>	Date Submitted7/1/2025
School/Work SiteFSHS	
Name of Meeting/Conference Athlet	c Events
Place of Meeting/ConferenceVarious even	s throughout the year (blanket request)
Rationale for Attendance Game Manager	
Expenses paid by:	d □ KETS □ Other (MUST Specify) <u>0002825-0580-7040</u>
Estimated Expenses:	
Registration Lodging Meals See policy on back*	Mileage Airfare Substitute Other Total Est. Expenses \$0.43 per mile \$100 per day
Principal Signature:	Grant/Admin:
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	7/21/25
Reason	Superintendent Signature Date
Submit this section upon returning. Include any original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District To	TRAVEL EXPENSE REIMBURSEMENT REQUEST ravel Reimbursements MUST be submitted within thirty (30) days of the travel return date.**
Date # Miles Charge @ Lodg	Other Expenses
Data # Miles Charge @ Lode	Other Expenses Total
Data # Miles Charge @ Lode	Other Expenses Total
Date # Miles Charge @ Lode	Other Expenses Total
Date # Miles Charge @ Lode	Other Expenses Total
Date # Miles Charge @ Lode	Other Expenses Total
Date # Miles Charge @ Lode	Other Expenses Total
Date # Miles Charge @ Lode	Other Expenses Total
Date # Miles Chargè @ Lodg \$.43 Lodg Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of	Meals Amount Explanation Total Amount Explanation Amount Explanation Reimbursement Due fficial business; that they are proper
Date # Miles Chargè @ Lodg \$.43 Lodg Affidavit: I hereby certify that all expenses included in the	Meals Amount Explanation Total Amount Explanation Amount Explanation Reimbursement Due fficial business; that they are proper unty Board of Education; and that all
Date # Miles Charge @ Lodg \$.43 Lodg Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson C	Meals Amount Explanation Total Above statement were incurred by an efficial business; that they are proper unty Board of Education; and that all my knowledge. Central Office Use:
Date # Miles Charge @ Lodg \$.43 Lodg Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson C	Meals Amount Explanation Total Amount Explanation Amount Explanation Reimbursement Due fficial business; that they are proper unty Board of Education; and that all

AND RESIDENCE AN						
Employee Name J.	sh Tucker		Date	e Submitted	7/10/25	
Employee Name	ysson Elen	whan				
Name of Meeting/Confer	ence KASA					
Date(s) of Meeting/Confe	rence 7/ 23 /2	15-7/25/25	Depart	ture Time	8:00 410 7/23 Return	Time 300 pm 7/25
Place of Meeting/Confere	ence Call H	ouse, Lo	سائا لالالم	Ky.		
Rationale for Attendance Expenses paid by:	State Adm	intstration	Conf	xrance		
Expenses paid by:	SBDM AD SI	pec Ed	☐ Other (MUST Specif	Fy) 401L	
Estimated Expenses:	1					
Principal Signature: Prior Superintendent App Approved No	See policy on ba	116°		stonin:	Other Oper day Oper day Required if Expenses a	Total Est. Expenses 286 Tre Paid by Grant Funds 7/14/25 Date
*** Per Board Policy 03.125 a Date # Miles	Charge @	Lodging	Meals	Amount	Other Expenses Explanation	Total
Affidavit: I hereby certify that	all expenses included in	n the above statemo	ent were incur	red by an	Reimbursement	Due
employee of Simpson County charges qualifying for reimbur data furnished here within is tr	Schools in the capacity sement from the Simps	y of official busines son County Board of	ss; that they a f Education; a	re proper nd that all	Central Office Use:	
Employee Signature			Date		Coding	
Supervisor Signature			Date	-	CFO Approval	

Employee Na	me Leah Wo	ood		Dat	e Submitted	7.21.2025		
School/Work	Site Lincoln	Elementray Scho	ool					
Name of Mee								
Date(s) of Me	eting/Confe	rence July 23, 24	4, 25	Depar	ture Time_	6:00am	Return Tim	e_6:00pm
			Hotel, Louisville,	Ку				
Rationale for	Attendance	Professional De	velopment			14.)	
Expenses paid	d by: 🔲 S	SBDM □ PD	□ Spec Ed □ k	(ETS DOther)	(MUST Spec	ify)		
Estimated Exp								
Registration	Lodgii	ng Me See policy		eage Airf. per mile		u bstitute .00 per day	Other 1	Total Est. Expenses
		\$12	000	miles		Λ	0.	\$235.24
			\$110	0.24	(X1 ./.	1 7	
Principal Sign				Grant/	Admin:	Required	if Expenses are Paid	d by Grant Funds
Prior Superint				4	20	Required	ZAPE	22/25
Approve Reason		ot Approved	Sun	erintendent Sig	nature			Date
				crimenaem sig				
ातीनुमाना ।	खन् ।।।।यः । स्थ न्	raturning Includ pis and algoritud	es, In					REQUEST
Name and Address of the Owner, where the Owner, which the			–		P. C			traval ratura data ***
*** Per Board F	Policy 03.125 a	N 24			ST be submitte	ed within thir Other Expe		travel return date.***
*** Per Board F	Policy 03.125 a # Miles	nd 03.225: "Out-o Charge @ \$.43	f-District Travel Rei	mbursements MUS	ST be submitte Amoun	Other Expe		travel return date.*** Total
*** Per Board F		Charge @				Other Expe	nses	
*** Per Board F		Charge @				Other Expe	nses	
*** Per Board F		Charge @				Other Expe	nses	
*** Per Board F		Charge @				Other Expe	nses	
*** Per Board F		Charge @				Other Expe	nses	
*** Per Board F		Charge @				Other Expe	nses	
*** Per Board F		Charge @				Other Expe	nses	
*** Per Board F	# Miles	Charge @ \$.43	Lodging	Meals	Amoun	Other Expe	nses Explanation	
Per Board F Date Affidavit: I here employee of Sir	# Miles by certify that	Charge @ \$.43 all expenses inclused Schools in the ca	Lodging ded in the above st	Meals Catement were incursiness; that they	Amoun	Other Expe	nses	
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