

Submit this form to the Principal and
Superintendent for **PRIOR APPROVAL**.
Complete ALL items on top half of form.
Attach Travel Reimbursement Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name Timothy Schlosser Date Submitted 9.9.25
School/Work Site Central Office
Name of Meeting/Conference KASS Fall Superintendents Summit
Date(s) of Meeting/Conference 9.15.25 - 9.17.25 Departure Time _____ Return Time _____
Place of Meeting/Conference Lexington Marriott City Center

Rationale for Attendance _____

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

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
—	375.00	80.00	—	—	—	Parking 66.00	521.00

Principal Signature: _____ Grant/Admin: _____

Prior Superintendent Approval:

☒ Approved ☐ Not Approved...

Reason _____

[Signature]
Superintendent Signature

Required if Expenses are Paid by Grant/Funds

9/9/25
Date

Submit this request upon returning. Include only
original receipts and/or other supporting documents.

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