

STUDENTS

School-Related Student Trip Proposal Form

SIMPSON COUNTY SCHOOLS

Teachers/Activity Sponsors: Requests should be made to	the Principal at least 2 weeks prior to the trip.
Staff Name: Melanic Aloney & Dyan Wilhit	Submission Date: 9 4 25
School: Franklin-Simpson High School	Grade/Class/Group: FCCLA
1 0	
Name of Event/Activity: FCCLA Fall Leadership Mg	Location: WKU, Bowling Green
Date of Event/Activity: 9 25 25	Departure Time: 8:00 Return Time: 3:00
Description of Event/Activity (include educational purpo	se):
Leadership training for our office	ers
# of Students: 8-12 # of	Adults: 7
Fees (Note: Parents may see a higher fee due to an admibookkeeper and Principal will determine the final costs of	inistrative fee that may be added. Your school fall trips.)
Fee per Student: Fee p	er Adults: -
Fee to be paid by (check all that apply): Scho	ol: □ Student/Adults: □
Transportation (check all that apply): Bus: □ Walk	Other: D'(Please specify):
Meals (check all that apply): None: ☐ Provided Other: ☐ (specify service)	by School: Provided by Parent: Provided by Par
Posting Date (parents will see item online this date):	
Purchase Deadline (date until trip will be available online):
Revenue Coding/Deposit Category:	Perkins
This field trip is part of the instructional program achievement of the School's/District's instructional required records check and have been approved by the Signature of Teacher Signature of Principal Approved by Superintendent	goals. All chaperones have undergone the
Approved by Superintendent	Date

Return form to school bookkeeper.

Submit this form to the Principal and Superintendent for <u>PRIOR APPROVAL</u>
Complete AuLitems on top half of joint.
Attach Meeting Registration Form

Employee Name Melanie Abney	Date Subm	nitted 9425	
TCHS		, , , , ,	COPY
Name of Meeting/Conference FCCLA Fall	Leadership Tra	rining	-
Name of Meeting/Conference FCLLA Fall Date(s) of Meeting/Conference 9 25 25	Departure Ti	me 8.00 am Return T	ime 3:00 pm
Place of Meeting/Conference WKU, Bowling	ng Green		
Rationale for Attendance leadership trai	ning for FCCL	A officers	
Expenses paid by:	☐ KETS ☑ Other (MUST	Specify) Perkins	
Estimated Expenses:			
Registration Lodging Meals See policy on back* \$	Mileage Airfare 0.43 per mile	Substitute Other \$100 per day	Total Est. Expenses
		\$100 -	\$100
Principal Signature:	Grant/Admin:		
Prior Superintendent Approva:	1 01	Required if Expenses are F	Paid by Grant Funds
Approved Not Approved	15M		9.4.25
Reason	Superintendent Signature		Date
Outside testiment explose and also recommend		E REIMBURSEMEN	·
Pare # Miles Charge @ Lodging	Meals	Other Expenses	Total
	Meals		
Data # Miles Charge @ Lodging	Meals	Other Expenses	
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Date # Miles \$.43 Lodging Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of officie charges qualifying for reimbursement from the Simpson County	We statement were incurred by a la business; that they are propy Board of Education; and that a knowledge.	Other Expenses nount Explanation Reimbursement Duer all	Total
Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of officient charges qualifying for reimbursement from the Simpson County data furnished here within is true and correct to the best of my be the second of the county of the county data furnished here within is true and correct to the best of my be the county of the county o	we statement were incurred by an all business; that they are property Board of Education; and that a knowledge.	Reimbursement Duer all Central Office Use:	Total

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Employee Name Amber	- Chandler	Date	Submitted	9/8/25	
School/Work Site Frank	lin El.				
Name of Meeting/Conference	Gordon Foo	15en		bool show	<u>. </u>
Date(s) of Meeting/Conference _	9/17/25	Departu	ıre Time 7:0	Return Time	4:00pm
Place of Meeting/Conference	LY Expositi	ion CE	Her-	[Dusvil	k
Rationale for Attendance	nucl 7000	d dhow	100	The floor	100
Expenses paid by: SBDM SBD	□ PD □ Spec Ed □ KE	TS Other (M	IUST Specify)	1000(20A)	
Estimated Expenses:		•			V Ton Story
Registration Lodging	Meals Milea See policy on back* \$0.43 per		e Substi \$100 pe	er day	20.00
Principal Signature: Prior Superintendent Approval: Approved Not Approval. Reason	Richardon oved	Grant/Additional Grant of the Control of the Contro	·She	equired if Expenses are Paid	by Grant Funds G/G/2/ Date
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Special dates त्यावीक प्राचित त्यावाक त्यावका कार्यक्षिका त्यावाक्षित व्यावकात्रक त्याव *** Per Board Policy 03.125 and 03.225 Date # Miles Charges, \$.6	5: "Out-of-District Travel Reimb		be submitted w	MBURSEMENT thin thirty (30) days of the there ther Expenses Explanation	
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Employee Name Tron Coule	Date Submit	ted 9825 COPY
School/Work Site	4001	food (ShN)
Name of Meeting/Conference	to took service	7000
Date(s) of Meeting/Conference	Departure Time	e7:00 Return Time 4:00 PM
Place of Meeting/Conference	sposition (Exter-	Causville moducts
Rationale for Attendance	(JODA SHOW JO	new manas
Expenses paid by:	Spec Ed	pecify) 1000 Striving
Estimated Expenses:	•	
Registration Lodging Messes policy	pn back* \$0.43 per mile	Substitute Other Total Est. Expenses \$100 per day
Principal Signature:	Grant/Admin:	Life Forman and David In County Founds
Prior Superintendent Approval:	1_	Required if Expenses are Paid by Grant Funds
Approved Not Approved		7/9/9
Reason	Superintendent Signature	Date
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Date # Miles Charge @ \$.43	Lodging Meals Amo	Total
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Affidavit: I hereby certify that all expenses include mployee of Simpson County Schools in the cap charges qualifying for reimbursement from the S	acity of official business; that they are proper	
data furnished here within is true and correct to the	ne best of my knowledge.	Central Office Use:
Familiary Cignoture	Date	Coding
Employee Signature	23.0	
Supervisor Signature	Date	CFO Approval

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Employee Name Jonifer Elis	Date Submitted 98/25	P
School/Work Site High SCAOO!		
Name of Meeting/Conference 600000	took service took show	
Date(s) of Meeting/Conference 9772	Departure Time 7:000 Return Time 4:000	<u> </u>
Place of Meeting/Conference	sition Center- Wysville	
Rationale for Attendance	FOOD Show to new proximing	
Expenses paid by: 🔲 SBDM 🔲 PD 🛗 Spec E	d KETS Other (MUST Specify)	
Estimated Expenses:		
Registration Lodging Meals See policy on back* 20.00 Principal Signature: Swall House	Mileage Substitute Other Total Est. Exp \$1.00 per day Grant/Admin:	
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Fun	/
Approved Not Approved	9/9/	25
Reason	Superintendent Signature	ate
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	Reimbursement Due	
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employee of Simpson County Schools in the capacity of o	ounty Board of Education; and that all	

Submit this form to the Principal and Superintendent for <u>PRIOR APPROVAL</u>. Complete ALL items on top half of form. Attach Meeting Registration Form

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Employee Name Lucinda E	Heisman	Date Submitted _	99/25	
School/Work Site Franklin	a uncoin tran	IRC		
Name of Meeting/Conference FR	45C Network		2:00 a co Patrimo Ti	12:30 000
Date(s) of Meeting/Conference				me <u>12/30 pm</u>
Place of Meeting/Conference <u>GR</u>		nology way t	36 Ky 42101	
Rationale for Attendance PRUSC	- Leadership	1	two ic/	
Expenses paid by:	☐ Spec Ed ☐ KETS	Other (MUST Specify	PRYX	
Estimated Expenses:				
	Meals Mileage Slicy on back* \$0.43 per mile		stitute Other per day	*27.52
Principal Signature:		Grant/Admin:		
Prior Superintendent Approval:		1 -1	Required if Expenses are Pa	aid by Grant Funds
Approved Not Approved.		T8W		9/9/25
Reason		dent Signature		Date
Submit this section upon returning. Inc	lude any	EVALUEE DE	A A DI LOCE A A E NI	TREMITER
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Submit this form to the Principal and Superintendent for <u>PRIOR APPROVAL</u>. Complete ALL items on top half of form.

Attach Meeting Registration Form

Attach weems report		COPY
Employee Name <u>Wanda Eversman</u>		ed 9 9 25 COPY
School/Work Site Fanklin & Lincoln	EDMITAC	
Name of Meeting/Conference PRYSC Reg	S Departure Time	8am Return Time 2pm
Date(s) of Meeting/Conference 91191203		
Place of Meeting/Conference Willow Oaks	2017 CIW 350	andry can grasgon,
Rationale for Attendance FRysc required	rigimal meeting	PRYSC.
Expenses paid by: SBDM PD Spec Ed C	KEIS Other (MOST Spe	city)
Estimated Expenses:	A) C	Substitute Other Total Est. Expenses
See policy on back* \$0.	Hieuge	Substitute Other Total Est. Expenses \$100 per day \$47.30
Principal Signature:	Grant/Admin:	Required if Expenses are Paid by Grant Funds
Prior Superintendent Approval:	4	Il aleks
Approved Not Approved	uperintendent Signature	Date
ReasonSI	iperintendent Signature	
Submit this section upon returning. Include any	DAVEL EVDENCE	REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel I	Reimbursements MUST be submit	Other Expenses Total
		Other Expenses Total
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Support this form to the Principal and Superintendent for PRIOR APPROVAL. Complete All items on top ball of form. Missin Westing Registration Form

Affidavit: I hereby certify that all expenses employee of Simpson County Schools in the charges qualifying for reimbursement from data furnished here within is true and corre	included in the above statement when capacity of official business; the the Simpson County Board of Educ	vere incurred by an at they are proper cation; and that all	Reimbursement Due entral Office Use:	Total
Affidavit: I hereby certify that all expenses employee of Simpson County Schools in the charges qualifying for reimbursement from	included in the above statement we capacity of official business; the the Simpson County Board of Educt to the best of my knowledge.	vere incurred by an at they are proper cation; and that all	Reimbursement Due	
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*** Per Board Policy 03.125 and 03.225: "0	(1-13-1K-F-X	ents MUST be submitted		
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Reason	Superintend	ent Signature		Date
Approved Not Approve		J8/		9.4. 25
Principal Signature: Prior Superintendent Approval:		Grant/Admin:	Required if Expenses are Pa	id by Grant Funds
	9127.69	Grant/Admin:		
CO PO	policy on back* \$0.43 per mile	./		\$27.69
Registration Lodging	Meals Mileage		stitute Other per day	Total Est. Expenses
Expenses paid by: SBDM I F Estimated Expenses:	о престапить	Other (Moor Speell)		
Rationale for Attendance Mpr	D Spec Ed KETS D	Other (MUST Specify	SBDM	
Place of Meeting/Conference 6	KILTC IN LICE IN	1,0000	7016	
		_Departure Time	1509 W Return III	ne <u>-700 p72</u>
C	ent 08, 700		12,00,00	(131) 000
Name of Mosting/Conference	1000 504 Con-	terence		
Employee Name	1200 Soy Con-	ferna		COP

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Employee Name Steph	raje Mani	Date Subr	nitted 9/8/25	
School/Work Site	Imalan B	J		**
Name of Meeting/Conferer	nce Goodon Fr	Service	tood show	
Date(s) of Meeting/Confere	21-101	5 Departure T	ime7:00 Return Tim	e 4:0000
Place of Meeting/Conferen	1/10 2010	ition Ger	er- LouisvII	le .
ŀ	1 0 5	dishard for	now module	1
Rationale for Attendance <u>1</u>	100 Tol	EL KETS MOther (MUST	Specify FOOD SEN	ILR
Expenses paid by: 🔲 SB	BDM □ PD □ Spec Ed	LI KETS LIGHTEI (MOST	specify)	
Estimated Expenses:			Substitute Other	Total Est. Expenses
Registration Lodging		Mileage Airfare 0.43 per mile	\$100 per day	20.00
Dain single Signatura	DAINER	Grant/Admin		
Principal Signature: Your Prior Superintendent Appro	oval:	1	Required if Expenses are Paid	d by Grant Funds
Approved Not			she	9/5/25
Reason	(·	Superintendent Signature		Date
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*** Per Board Policy 03.125 and	03.225: "Out-of-District Trave	Reimbursements MUST be su	bmitted within thirty (30) days of the	travel return date.***
Date # Miles	Charge @ Lodging	Meals	Other Expenses nount Explanation	Total
	\$.43		2.,,,	
			Paimburgament Due	
Affidavit: I hereby certify that all	expenses included in the above thouls in the capacity of official	ye statement were incurred by	an Reimbursement Due	
Affidavit: I hereby certify that all employee of Simpson County So charges qualifying for reimburse data furnished here within is true	chools in the capacity of offici- ment from the Simpson County	al business; that they are proj y Board of Education; and that	per	
employee of Simpson County So	chools in the capacity of offici- ment from the Simpson County	al business; that they are proj y Board of Education; and that knowledge.	Central Office Use:	
employee of Simpson County So	chools in the capacity of offici- ment from the Simpson County	al business; that they are proj y Board of Education; and that	per all	
employee of Simpson County So charges qualifying for reimburse data furnished here within is true	chools in the capacity of offici- ment from the Simpson County	al business; that they are proj y Board of Education; and that knowledge.	Central Office Use:	

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*** Per Board Policy 03.125 and 03.225: "Out-of-leading to the policy of	Lodging and in the above statem acity of official busine mpson County Board of the co	ment were incurre ss; that they are of Education; and	Amount d by an proper that all	Reimbursement D Central Office Use:	Total
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Children of the contract of th				IMBURSEME within thirty (30) days of	
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Reason	Superin	tendent Signat	ture		Date
rior Superintendent Approval: Approved Not Approved		4	Tol	, , , , , , , , , , , , , , , , , , , ,	9/9/25
Principal Signature:	LANGE	Grant/Adı	min:	Required if Expenses are	Paid by Grant Junds
20.0	0				20.00
See policy o	n back* \$0.43 per m) per day	20.00
Estimated Expenses:	ls Mileage	. Airfare	Sub	stitute Other	Total Est. Expenses
Expenses paid by: 🔲 SBDM 🔲 PD 🗀	Spec Ed □ KETS	Other (M	UST Specif	y) 1000000	1-416
Rationale for Attendance		-	now	1	rvive
Place of Meeting/Conference	XDOTUPOL	. 0 -		DUSVIR	
Date(s) of Meeting/Conference	7/25	0 1	1	200 am Return	Time
		Sevio	eto	ON SHOW	11:20:00
Name of Meeting/Conference	ton Food	- 11 -			
School/Work Site	on Food	,	Submitted		

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Employee Name Carrier McCouch School/Work Site Simpson Co. Regions Name of Meeting/Conference Conscious Date(s) of Meeting/Conference 128-320 Place of Meeting/Conference L-ville Mc Rationale for Attendance attendance con Expenses paid by: SBDM PD Spec Ed	al Training (the Discipline acousting 125 Departure Time resist of the second of the s	derry COPY 12:00 Return Time 8:00 pm
Registration Lodging Meals See policy on back*	Mileage Airfare \$0.43 per mile	Substitute Other Total Est. Expenses \$100 per day 100.00 320.00
Principal Signature:	Grant/Admin: Superintendent Signature	Required if Expenses are Paid by Grant Funds 9/3/25 Date
Paterine between profiles trained retrieves that of signarity trained	vel Reimbursements MUST be submi	Other Expenses Total
Affidavit: I hereby certify that all expenses included in the abemployee 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 members of the signature signature.	nty Board of Education; and that all by knowledge. Date	Reimbursement Due Central Office Use: Coding
Supervisor Signature	Date	CFO Approval

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Judin f	Date Submitted	18/25
Employee Name Steym	LIP SCAD	
School/Work Site	ndon Food Service Asa	Show
Name of Meeting/Conference	Olio 100 Constitut Time 7' 00	Meturn Time 4:0000
Date(s) of Meeting/Conference	Departure fillie 4.50	15.11/2
Place of Meeting/Conference	Sporition Conter- Ca	DO JUST
Rationale for Attendance	IN JOSA SHOW TO NEW	J. C. Earlie
Expenses paid by:	DD Spec Ed KETS Other (MUST Specify)	Wall Chia
Estimated Expenses:		
Principal Signature:	Meals Mileage Airfare Substitute \$100 per control of the state of the	
Prior Superintendent Approval:	40	6/6/28
Approved Not Approve		Date
Reason	Superintendent Signature	
*** Per Board Policy 03.125 and 03.225: "C Date # Miles \$.43	Out-of-District Travel Reimbursements MUST be submitted with	
ampleuse of cimpean County Schools in t	he capacity of official business; that they are proper the Simpson County Board of Education; and that all ect to the best of my knowledge. Centum County Board of Education	eimbursement Due
employee of Simpson County Schools in the	he capacity of official business; that they are proper the Simpson County Board of Education; and that all	ral Office Use:

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Employee Name Sarah Rid	ardson Da	te Submitted _	9/8/25	
School/Work Site Certal (office.			
Name of Meeting/Conference 600	on Food Service	e hood	Show	41.0
	7/25Depa	irture Time <u>7</u>	Down_Return Time	e 4:00pm
		0	usville	
Rationale for Attendance Amuel		for meu		<u> </u>
Expenses paid by:	Spec Ed KETS DOther	(MUST Specify)	TUDESTVI	
Estimated Expenses:			titute Other T	otal Est. Expenses
Registration Lodging Mea See policy of 20.00 Principal Signature: Prior Superintendent Approval:	n back* \$0.43 per mile	\$100 p	per day	31.80
	1	SIL		9/9/25
Approved Not Approved	Superintendent Si	gnature		Date
Reason	Supermission			
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*** Per Board Policy 03.125 and 03.225: "Out-of- Date # Miles \$.43		JST be submitted v		
*** Per Board Policy 03.125 and 03.225: "Out-of-	District Travel Reimbursements Mi	JST be submitted v	vithin thirty (30) days of the ther Expenses	travel return date.***
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Employee Name Sue Swift	Date Submitted	3/25
School/Work Site Linux E		1
Name of Meeting/Conference 6000	on Food Service Tood sho	ω
Date(s) of Meeting/Conference	Departure Time 7:0000	Return Time 4 Coppon
Place of Meeting/Conference	Exposition Center-lan	wille
Rationale for Attendance	tood show to new	mayot,
Expenses paid by: SBDM PD D	Spec Ed KETS Other (MUST Specify)	a service
Estimated Expenses:	•	
Registration Lodging Meal See policy or 2.0.0	n back* \$0.43 per mile \$100 per day	Other Total Est. Expenses
Principal Signature: SUND RU	Grant/Admin:	
Prior Superintendent Approval:	Required i	f Expenses are Paid by Grant Funds
Approved Not Approved	- TSAL	963
Reason	Superintendent Signature	Date
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Per Board Policy 03.125 and 03.225: "Out-of-Date # Miles \$.43	Pistrict Travel Reimbursements MUST be submitted within thin Other Expe	ty (30) days of the travel return date.*** nses xplanation
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Charge @	istrict Travel Reimbursements MUST be submitted within thir Other Expe Lodging Meals Amount E	xplanation Total
Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the capa charges qualifying for reimbursement from the Sin	Lodging Meals Amount E d in the above statement were incurred by an city of official business; that they are proper apson County Board of Education; and that all	xplanation Total ursement Due
Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the capa charges qualifying for reimbursement from the Sin data furnished here within is true and correct to the	Lodging Meals Amount E d in the above statement were incurred by an city of official business; that they are proper apson County Board of Education; and that all best of my knowledge. Reimb	xplanation Total ursement Due
Charge @	Lodging Meals Amount E d in the above statement were incurred by an city of official business; that they are proper apson County Board of Education; and that all	xplanation Total ursement Due

Submit this form to the Principal and Superintendent for <u>PRIOR APPROVAL</u>

Complete ALL items on top half of form.

Attach Meeting Registration Form

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amplayee of Simps	on County Sch	ools in the car	pacity of official busing	ness; that they are pi	roper	nbursement Due	
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	THE RESERVE AND PERSONS ASSESSED.	Charge @ \$.43	Lodging	Meals	Other Ex Amount	penses Explanation	Total
ingstheatheath	med receipts	and slate in t			submitted within t	hirty (30) days of th	e travel return date.**
Submit this sec	ion upon Yeli	iming Includ	eany TDA	VEL EXDEN	SF RFIMR	URSEMEN	T REQUEST
Reason	ā		Superi	intendent Signatui	re		Date
Approved	/			7-8M			9.4.25
Principal Signatu Prior Superinten	/	al:		Grant/Admi		ed if Expenses are Pa	aid by Grant Funds
		1		Grant/Admi	in:		
		1			\$100		\$100
Registration	Lodging	Mea See policy			Substitute \$100 per day	Other	Total Est. Expenses
Estimated Expen							
Expenses paid by	r: ☐ SBD	M DPD [Spec Ed KE	TS 🖬 Óther (MUS	ST Specify)	PerKins	
Place of Meeting	/Conterence	To in in a	for office	urs			
	/Cforence	MKH	- Bowling	Green			•
Date(s) of Meeti	aall onteren	ce 91	25 25	Departure	Time 8:00	Return Tir	ne 3:00 pm
Name of Meetin Date(s) of Meetin	g/Conferenc	1001	A 1-011	l endorshi	a Train	46	CUPY
Employee Name School/Work Site Name of Meetin Date(s) of Meetin	g/Conferenc	-5	A				CADV