

**COPY**

STUDENTS

09.36 AP.21

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: <u>Melanie Abney & Dyan Wilhite</u>	Submission Date: <u>9/4/25</u>
School: <u>Franklin-Simpson High School</u>	Grade/Class/Group: <u>FCCLA</u>

Name of Event/Activity: <u>FCCLA Fall Leadership Mtg.</u>	Location: <u>WKU, Bowling Green</u>	
Date of Event/Activity: <u>9/25/25</u>	Departure Time: <u>8:00am</u>	Return Time: <u>3:00pm</u>
Description of Event/Activity (include educational purpose): <u>Leadership training for our officers</u>		

# of Students: <u>8-12</u>	# of Adults: <u>2</u>
Fees (Note: Parents may see a higher fee due to an administrative fee that may be added. Your school bookkeeper and Principal will determine the final costs of all trips.)	
Fee per Student: <u>0</u>	Fee per Adults: <u>0</u>
Fee to be paid by (check all that apply):	School: <input type="checkbox"/> Student/Adults: <input type="checkbox"/>
Transportation (check all that apply): Bus: <input type="checkbox"/> Walk: <input type="checkbox"/> Other: <input checked="" type="checkbox"/> (Please specify): <u>School vans</u>	
Meals (check all that apply): None: <input type="checkbox"/> Provided by School: <input type="checkbox"/> Provided by Parent: <input checked="" type="checkbox"/> Other: <input type="checkbox"/> (specify service and location): <u>eat while out / @ WKU</u>	

Posting Date (parents will see item online this date):	<u>—</u>
Purchase Deadline (date until trip will be available online):	<u>—</u>
Revenue Coding/Deposit Category:	<u>Perkins</u>

This field trip is part of the instructional program and will contribute significantly to the achievement of the School's/District's instructional goals. All chaperones have undergone the required records check and have been approved by the Principal/designee to supervise students.

Melanie Abney
Signature of Teacher

[Signature]
Signature of Principal

[Signature]
Approved by Superintendent

9/4/25
Date

9/4/25
Date

9.4.25
Date

Return form to school bookkeeper.

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name Amber Chandler Date Submitted 9/8/25
 School/Work Site Franklin El.
 Name of Meeting/Conference Gordon Food Service Food Show
 Date(s) of Meeting/Conference 9/17/25 Departure Time 7:00am Return Time 4:00pm
 Place of Meeting/Conference KY Exposition Center - Louisville
 Rationale for Attendance Annual food show for new products
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Food Service

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
		<u>20.00</u>					<u>20.00</u>

Principal Signature: Sue Richardson Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 9/9/25

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Tina Carter Date Submitted 9/8/25 COPY

School/Work Site High School

Name of Meeting/Conference Gordon Food Service Food Show

Date(s) of Meeting/Conference 9/17/25 Departure Time 7:00am Return Time 4:00pm

Place of Meeting/Conference Ky Exposition Center- Louisville

Rationale for Attendance Annual Food Show for new products

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

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.43 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
		20.00					20.00

Principal Signature: _____ Grant/Admin: _____

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

☒ Approved ☐ Not Approved... 9/9/25

Reason _____ Superintendent Signature _____ Date _____

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 _____

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Supervisor's date, initials and signature are required for PRIOR APPROVAL.
Supervisor's initials must be on the right of the date.
Approval by the Superintendent is required for all travel.

Employee Name Jennifer Ellis Date Submitted 9/8/25 COPY

School/Work Site High School

Name of Meeting/Conference Gordon Food Service food show

Date(s) of Meeting/Conference 9/17/25 Departure Time 7:00am Return Time 4:00pm

Place of Meeting/Conference KY Exposition Center - Louisville

Rationale for Attendance Annual food show for new products

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

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.43 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
		20.00					20.00

Principal Signature: [Signature] Grant/Admin: _____

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

☒ Approved ☐ Not Approved... [Signature] 9/9/25

Reason _____ Superintendent Signature _____ Date _____

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lucinda Eversman Date Submitted 9/9/25 **COPY**

School/Work Site Franklin & Lincoln Elem FRC

Name of Meeting/Conference FRYSC Network

Date(s) of Meeting/Conference 9/10/25 Departure Time 8:00am Return Time 12:30pm

Place of Meeting/Conference GRREC, 230 Technology Way BG Ky 42101

Rationale for Attendance FRYSC Leadership

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
		—	275 64				\$27.52

Principal Signature: [Signature] Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved... [Signature] 9/1/25
 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.***

*** Per Board Policy 03.125 and 03.225: Out-of-District Travel Reimbursement ***

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

I, _____, hereby certify that all expenses included in the above statement were incurred by an _____

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.

Lucinda Grossman 9/9/25
Employee Signature Date

AL AL 9/9/25
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

COPY

Employee Name Lucinda Eversman Date Submitted 9/9/25
 School/Work Site Franklin & Lincoln Elem FRC
 Name of Meeting/Conference FRYSC Regional Mtg
 Date(s) of Meeting/Conference 9/19/2025 Departure Time 8am Return Time 2pm
 Place of Meeting/Conference Willow Oaks Golf Club 350 Country Club Glasgow, Ky
 Rationale for Attendance FRYSC required regional meeting
 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
—	—	—	110	—	—	—	\$47.30

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 9/9/25

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	Amount	Other Expenses 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.

Employee Signature Lucinda Eversman Date 9/9/25
 Supervisor Signature [Signature] Date 9/9/25

Reimbursement Due

Central Office Use:

Coding

CFO Approval

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name Stephanie Manning Date Submitted 9/8/25
 School/Work Site Simpson Bl.
 Name of Meeting/Conference Gordon Food Service Food Show
 Date(s) of Meeting/Conference 9/17/25 Departure Time 7:00am Return Time 4:00pm
 Place of Meeting/Conference KY Exposition Center- Louisville
 Rationale for Attendance Annual food show for new products
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Food Service

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
		20.00					20.00

Principal Signature: [Signature] Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 9/8/25

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 _____

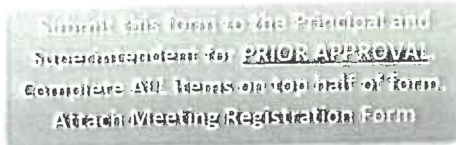
Supervisor Signature _____

Date _____

Central Office Use:

Coding _____

CFO Approval _____



SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

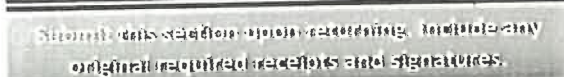
COPY

Employee Name Kim McAbee Date Submitted 9/8/25
School/Work Site Central Office
Name of Meeting/Conference Gordon Food Service Food Show
Date(s) of Meeting/Conference 9/17/25 Departure Time 7:00am Return Time 4:00pm
Place of Meeting/Conference Ky Exposition Center - Louisville
Rationale for Attendance Annual food show for new products
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Food service

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
		20.00					20.00

Principal Signature: Sam Richardson Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature A She Date 9/9/25



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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name April McNaughton Date Submitted 9/2/2025
 School/Work Site Simpson Co. Regional Training Ctr
 Name of Meeting/Conference Conscious Discipline Academy  **COPY**
 Date(s) of Meeting/Conference 9/28-3/2025 Departure Time 12:00 Return Time 8:00 pm
 Place of Meeting/Conference L-ville Marriott East, Louisville, KY
 Rationale for Attendance attending conference (academy)
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) RTC

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
		<u>220.00</u>				<u>100.00</u>	<u>320.00</u>

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved... 9/3/25
 Reason _____ Superintendent Signature [Signature] Date

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.

[Signature]
 Employee Signature _____ Date _____
 Supervisor Signature _____ Date _____

Central Office Use:
 Coding _____
 CFO Approval _____

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Estimated Expenses:

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

[illegible][illegible]

Reimbursement Due

Date _____

Date _____

CFO Approval

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name Sarah Richardson Date Submitted 9/8/25
 School/Work Site Central Office
 Name of Meeting/Conference Gordon Food Service Food Show
 Date(s) of Meeting/Conference 9/17/25 Departure Time 7:00am Return Time 4:00pm
 Place of Meeting/Conference Ky Exposition Center - Louisville
 Rationale for Attendance Annual food show for new products
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Food Service
 Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
		20.00	111.80				131.80

Principal Signature: Sarah Richardson Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 9/9/25

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	Amount	Other Expenses 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 _____

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name Sue Swift Date Submitted 9/8/25
 School/Work Site Lincoln El.
 Name of Meeting/Conference Gordon Food Service Food Show
 Date(s) of Meeting/Conference 9/17/25 Departure Time 7:00pm Return Time 4:00pm
 Place of Meeting/Conference KY Exposition Center - Louisville
 Rationale for Attendance Annual food show for new products
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Food Service

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.43 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
		20.00					20.00

Principal Signature: [Signature] Grant/Admin: _____
 Prior Superintendent Approval: _____
☒ Approved ☐ Not Approved...
 Reason: _____ Superintendent Signature [Signature] Date 9/8/25

Submit this section upon returning. Include any original receipts, 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

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 Dyan Wilhite Date Submitted 9/4/25
School/Work Site FSHS
Name of Meeting/Conference ECCLA Fall Leadership Training
Date(s) of Meeting/Conference 9/25/25 Departure Time 8:00am Return Time 3:00pm
Place of Meeting/Conference WKU - Bowling Green
Rationale for Attendance Training for officers
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Perkins

Estimated Expenses:

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

Principal Signature: _____ Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
____ Approved ____ Not Approved... 9.4.25
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		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.

Dyan Wilhite
Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Reimbursement Due

Central Office Use:

Coding

CFO Approval