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Supervisor Signature

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

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Employee Name MILLI MIntosh	Date Submitted 4 Clug do
School/Work Site Central Office	C C C C C C C C C C C C C C C C C C C
Name of Meeting/Conference KAS H9219	annual anguence
Date(s) of Meeting/Conference	Departure Time 6 a.m. Return Time 7 m
Place of Meeting/Conference Chylington K	9 (Okyfun Gare) 859, 631,319
Rationale for Attendance	Ly aust smile Conepal Fund
Expenses paid by: SBDM PD Spec Ed KETS	Other (MUST Specify) General Fund
Estimated Expenses:	Airfare Substitute Other Total Est. Expenses
Registration Lodging Meals See policy on back* A 19645 A 150.5	Airfare Substitute Other Total Est. Expenses Stop per day A NA Grant/Admin:
Principal Signature Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	18/28
	ent Signature Date
- (J) - No. m) Policial States Control of the Cont	EXPENSE REIMBURSEMENT REQUEST ents MUST be submitted within thirty (30) days of the travel return date.**
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburseme	ents 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 Reimburseme	ents MUST be submitted within thirty (30) days of the travel return date.** Other Expenses
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Date

CFO Approval

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Employee Name April McNaughto School/Work Site Regional Prais	0	mitted 8	COPY
Name of Meeting/Conference 2CT	3		
Date(s) of Meeting/Conference 11 3-5 a	N/7 A 3811 (7	2	urn Time 6'30 pn
Place of Meeting/Conference Martin	JA	gruffin Gate	2
Rationale for Attendance Early Cheld	tank boah	tute - pres	enting
Expenses paid by:	LI KETS LAPOther (MUS)	Specify) KiC	123000000000000000000000000000000000000
Estimated Expenses:			
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Principal Signature:	Grant/Admin		o one Daild by Count Funds
Prior Superintendent Approval:	401	Required it expense	s are Paid by Grant Funds
Approved Not Approved	() XV		8 18/25
Reason	Superintendent Signature		vate
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Charge @ Lodging	Meals	Other Expenses	Total
Date # Miles \$.43	A	nount Explanatio	on
		Poimbursoma	ot Due
Affidavit: I hereby certify that all expenses included in the abo employee of Simpson County Schools in the capacity of officionarges qualifying for reimbursement from the Simpson Count data furnished here within 1s true and correct to the best of my	ial business; that they are pro y Board of Education; and that	per	
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Employee Name April McNaughton Date Submitted	
Employee Name April McNaughton Date Submitted School/Work Site Regional Praining Center Name of Meeting/Conference TPOT Reliability Praining Potum Time (1) 30	
Name of Meeting/Conference TPOT Reliability Searning	
Date(s) of Meeting/Conference 10/21-22/2025 Departure Time 7:00 Return Time 63 30	
Place of Meeting/Conference Murray State University	
Rationale for Attendance Reliable status	
Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify)	
Estimated Expenses:	-Visi
Registration Lodging Meals Mileage Airfare Substitute Other Total Est. Expension See policy on back* \$0.43 per mile \$100 per day	
Principal Signature: Grant/Admin: Required if Expenses are Paid by Grant Func	ls
Prior Superintendent Approval:	25
Approved Not Approved Superintendent Signature Date	ate
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TRAVEL EXPENSE REIMBURSEMENT REQUE	ST
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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. Central Office Use:	
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 Central Office Use:	

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	_Date Submitted
NAME OF STREET	xter
Name of Meeting/Conference TPOT Reliability	g scauning
Date(s) of Meeting/Conference 10/21-22/2025	eparture Time
Place of Meeting/Conference Murray State	University
Pationale for Attendance Reliable situl	und and a second a
Expenses paid by: SBDM PD Spec Ed KETS Of	her (MUS1 Specify)
Estimated Expenses:	AirFare Substitute Other Total Est. Expenses
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(horth olms	ant/Admin:
Principal Signature: Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	8/7/25
ReasonSuperintenden	Signature Date
Pataness date reported to the pataness of the pataness of the pataness of the terms of the pataness of the pat	XPENSE REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements Charge @ Lodging Meals	MUST be submitted within thirty (30) days of the travel return date.*** Other Expenses Total
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Superitable form to the Principal and Superintendent to BRIOR APPROVAL. Compare At June or too half of form.
Attend Mushing Registration form.

	v	
Employee Name <u>Justin Mitchell</u>	Date Submitted 8 1	2 25
School/Work Site FSMS		
Name of Meeting/Conference FRSB Meeting	Su 25	8/12/25
Date(s) of Meeting/Conference 8 25	Departure Time	n Return Time 5:00 pm
Place of Meeting/Conference KDE n Frakfirt	-2-2	
Rationale for Attendance I'M a wenter of the	ENDR	. •
Expenses paid by: SBDM PD Spec-Ed KETS	Other (MUST Specify)	wtw
Estimated Expenses:	455	webs when the
Registration Lodging Meals Mileage See policy on back* \$0.43 per mile	Airfare Substitute \$100 per day	Other Total Est. Expenses
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MHI	Grant/Admin:	
Principal Signature: Prior Superintendent Approval:		d if Expenses are Paid by Grant Funds
ApprovedNot Approved	- SW	\$1,4/25
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Submit this four to lite Principal and Supprincipal for <u>PRIOR APPROVA</u>.

Supprincipal A4. Items of too half of form.

Attack Machine Registeriton form

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Employee Name	Stin Machell	Date Su	bmittedC	5/12/00	he spens
School/Work SiteFS	5000	(m			
	nce EPSB Mer	the	10 20 2	7 PmReturn Time	10/21/25
Date(s) of Meeting/Conference			Time 5:00	Return Time	5:00pm
Place of Meeting/Conferen	ce KDE in Frank	fort -	-n		
Rationale for Attendance _	I'm a member	of the Et.	20	/	
Expenses paid by:	BDM PD Spec Ed D	KETS Other (MUS	ST Specify)		
Estimated Expenses:		<u>, 224.</u>	-		. <u></u>
Registration Lodging	The second secon	leage Airfare per mile	Substitute \$100 per da		otal Est. Expense
# D .	See policy on back 30.43		950		
		20 m		- 27	**
Principal Signature:	-Allt	Grant/Adm	in:	The second secon	
Prior Superintendent Appro	Wal		Requi	red if Expenses are Paid	by Grant Funds
Approved Not		J8W	<u> </u>		8/14/25
Reason	Sup	erintendent Signatu	re <u>si</u>		Date
ाबीझाका रचनागरकः रचयञ् रा *** Per Board Policy 03.125 and	1 03.225: "Out-of-District Travel Re	imbursements MUST be	submitted within	BURSEMENT thirty (30) days of the tr expenses	ravel return date.
ार्ग्यका स्वन्धिरक स्वस्त्रीत *** Per Board Policy 03.125 and Date # Miles		imbursements MUST be	submitted within	thirty (30) days of the ti	
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Date # Miles Date # Miles	Charge @ Lodging \$.43 Lodging career to be a considered to be a consid	Meals Meals Attement were incurred l	Submitted within Other E	thirty (30) days of the transpenses Explanation	ravel return date.
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Date # Miles Date # Miles Affidavit: I hereby certify that all employee of Simpson County Society and Starges qualifying for reimburse	Charge @ Lodging \$.43 Expenses included in the above states in the capacity of official beautiful to the same of	tatement were incurred lusiness; that they are properties of Education; and the	oy an Rei	Explanation Explanation mbursement Due	ravel return date.
Date # Miles Date # Miles Affidavit: I hereby certify that allemployee of Simpson County Socharges qualifying for reimburse data furnished here within is true. Affidavit: Affidavit: I hereby certify that allemployee of Simpson County Socharges qualifying for reimburse data furnished here within is true.	Charge @ Lodging \$.43 Expenses included in the above states in the capacity of official beautiful to the same of	tatement were incurred lusiness; that they are properties of Education; and the	other E Amount Other E Amount Oy an Rei oper at all Centra	Explanation Explanation mbursement Due	ravel return date.
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Submit this form to the Principal and Superficted in 2016 APPROVAL complete All frams of too helf of form.

Attack Meeting Registeriton form

		-1 1 -1 -1
Employee Name Justin Mitc	Date Submit	ted 8 12 25 COPY
School/Work SiteFSMS		
Name of Meeting/Conference EPS	18 Meeting	e 5:00pm Return Time 5:00pm
Date(s) of Meeting/Conference 12/1		e 5.00pm Return Time 5.00pm
Place of Meeting/Conference LDE		
Rationale for Attendance \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Member of EPSID	(V. A.
Expenses paid by: SBDM PD	Spec Ed KETS Other (MUST Sp	pecify)
Estimated Expenses:	. in the second	
Registration Lodging Mea		Substitute Other Total Est. Expenses
150		
Principal Signature:	Grant/Admin:	The second secon
Prior Superintendent Approval:	1 -11	Required if Expenses are Paid by Grant Funds
Approved Not Approved	- TSM	8/14/3
Reason	Superintendent Signature	Date
वर्गच्यातालयस्वमार्थाः स्टब्यावर्गे वातवस्थानारायस्य		REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of- Date # Miles Charge @ \$.43	District Travel Reimbursements MUST be subm Lodging Meals Amo	itted within thirty (30) days of the travel return date.* Other Expenses unt Explanation
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		0/10/20	
	Date Submitte	d 8/12/65	
School/Work Site FSMS		1 () 11)	21: 1
Name of Meeting/Conference Advanced Se Date(s) of Meeting/Conference 12 3 - 12 7	icial Studies 11	1213 Choricl W	·Michsburg
		Return Tim	e
Place of Meeting/Conference Colonial William	slarg		
Rationale for Attendance Students will rese	earch Colonial trade	s of then come becomes	Fait of 2,5,4 8
Expenses paid by: SBDM PD Spec Ed -	KETS Other (MUST Spe	cify)	And the same of th
Estimated Expenses:			
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Approved Not Approved	25 8W		11/14/28
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*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Re	eimbursements MUST be submit	ed within thirty (30) days of the Other Expenses	travel return date.***
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*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Red Date # Miles Charge @ Lodging \$.43	eimbursements MUST be submit	ed within thirty (30) days of the Other Expenses	travel return date.*** Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Red Date # Miles Charge @ Lodging \$.43	eimbursements MUST be submit	ed within thirty (30) days of the Other Expenses	Total
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Attack maniful Registration Form

1 1 1 1 1 1 1		C 12 125
Employee Name Usty Machall	Date Subr	mitted 8 12 25 COPY
School/Work Site F5MS	100	
Name of Meeting/Conference		ime
Date(s) of Meeting/Conference 11 13 - 11	· ·	ime <u>'5:00pm</u> Return Time <u>'3:00pm</u>
Place of Meeting/Conference P. Hsbush	, PA	- (- 1)
Rationale for Attendance Will be pre	isenting 3 Sessions	over 61 during the conference
Expenses paid by: SBDM PD Spec	Ed KETS Other (MUST	Specify)
Estimated Expenses:		. <u>1852</u>
Registration Lodging Meals See policy on back* Principal Signature:	Mileage Airfare \$0.43 per mile Grant/Admin	
Prior Superintendent Approval:	1 -1	Required if Expenses are Paid by Grant Funds
Approved Not Approved	C+8h	8/14/25
Reason	Superintendent Signature	Date
		E REIMBURSEMENT REQUEST
Charge @	ging Meals	bmitted within thirty (30) days of the travel return date.** Other Expenses Total Explanation
Parts # Miles Charge @ Lod	ging Meals	bmitted within thirty (30) days of the travel return date.** Other Expenses Total
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Employee Name	ate Submitted	8/12/25	JOPY
TENS			
Name of Meeting/Conference Kentucky Youth Assem	bly (KYA)) Conterence	11/8
Name of Meeting/Conference Kentocky Yorth Assem Date(s) of Meeting/Conference 11 (2 - 11/8 Dep	arture Time	S:cogn Return T	ime 1:00pm
Place of Meeting/Conference Lawrelle - Crewne Plaz	a Conference	e Conter	ſ.,
Rationale for Attendance 1 Sporsor KYA and thes	e gie the	dales at the	conterence
Expenses paid by: SBDM PD Spec Ed KETS Othe	r (MUST Specify)		건물:
Estimated Expenses:			
Registration Lodging Meals Mileage Ai See policy on back* \$0.43 per mile	rfare Subst \$100 p		Total Est. Expenses
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Gran	/Admin:	ster	A STATE OF THE PARTY OF THE PAR
Principal Signature: Grant Prior Superintendent Approval:	-//.c/	Required if Expenses are I	Paid by Grant Funds
Approved Not Approved	-SW	<u>- 100 - 100</u>	8/4/25
Reason Superintendent Si	gnature		Date
			*:
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Submittiffs form of the Pathilper and Supermention of the APPROVAL Complete All Remson copyrall of form. Attach Meeting Registration form

Employee Name Abby Phillips	Date Submitted 8-12-25
School/Work Site FSHS	
KV State LOID	C.A. Land
Date(s) of Meeting/Conference 9/14-8/15	Departure TimeReturn Time
Place of Meeting/Conference KY expo Center	Louisville, KY
Rationale for Attendance Student competit	100
Expenses paid by: SBDM PD Spec Ed KETS	Other (MUST Specify) PEXELY S
Estimated Expenses:	
Registration Lodging Meals See policy on back* \$0.43 per mile	Airfare Substitute Other Total Est. Expenses \$100 per day
Principal Signature: Prior Superintendent Approval: Approved Not Approved Reason Superintendent	Grant/Admin:
Submit this section upon returning. Include any TDAVEL	EXPENSE REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursen Charge @ Lodging M	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursem	ents MUST be submitted within thirty (30) days of the travel return date.** Other Expenses Total
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original required receipts and signatures. **** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburser Date # Miles Charge @ Lodging M \$.43 Lodging M Affidavit: I hereby certify that all expenses included in the above statement employee of Simpson County Schools in the capacity of official business; tharges qualifying for reimbursement from the Simpson County Board of Eddata furnished here within is true and correct to the best of my knowledge. Employee Signature Date # Miles Charge @ Lodging M \$\text{\$\text{\$\text{\$A}\$} \$\text{	Other Expenses Amount Explanation Total Were incurred by an nat they are proper ucation; and that all Central Office Use:

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A STATE OF THE PARTY OF THE PAR			-1 1	
Employee Name Sarah Richards	Date S	Submitted	8 25 25	COP
School/Work Site CRATIAL Office	,		- //	
Name of Meeting/Conference	SNA Adm	11. Co	nterence	(1:55
Date(s) of Meeting/Conference 9/2-9/5		180	OOppo Return Tim	e 4.00pm
Place of Meeting/Conference	z-Louis		KY 10-	I V
Rationale for Attendance			Junings, KAE	updates
Expenses paid by:	KETS Other (M	UST Specify)	100% 7EV	ne_
Estimated Expenses:				
\$507 \$120 \$11	Mileage 43 per mile 5.24 Grant/Ad	\$100 p	er day	742.24
Principal Signature:	- Grant/Ad	~//	Required if Expenses are Paid	by Grant Funds
Approved Not Approved	1	AN		8/25/25
	uperintendent Signa	ture		Date
Succeed: काट अध्यक्षीका व्यवकार व्यवकार कार्य कार्यकार का			MBURSEMENT	
Charge @		Ot	her Expenses	Total
Date # Miles \$.43 Lodging	Meals	Amount	Explanation	Total
	-			
Affidavit: I hereby certify that all expenses included in the above	statement were incurre	d by an	Reimbursement Due	
employee of Simpson County Schools in the capacity of official charges qualifying for reimbursement from the Simpson County data furnished here within is true and correct to the best of my known to the second sec	Board of Education; and	that all	ntral Office Use:	
Francous Cignatura	Date	— Co	ding	i.
Employee Signature	_ 222	sp + €01		
Supervisor Signature	Date	CF	O Approval	

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After weather Registration Form.

Employee Name Shelma	Smith	Date Submitte	d 08/28/25	
(A				
Name of Mosting/Conference	Intinuous Implov	coment Cognia	Conference	
Name of Meeting/Conference	09/21-09/23, 20	25 Departure Time	8:00 am Return Tim	ne 6:00an
				Į.
Place of Meeting/Conference	1.2			
Rationale for Attendance) P		Wal	
Expenses paid by: SBDM SBDM	IPD □ Spec Ed □ KETS	☑ Other (MUST Spec	cify)	
Estimated Expenses:				
Registration Lodging	Meals Mileage See policy on back* \$0.43 per m		ubstitute Other 100 per day	Total Est. Expenses
185 319.48	100 147.97		27 2 #	752.40
Principal Signature:		Grant/Admin:	Required if Expenses are Pai	d by Grant Funds
Prior Superintendent Approval:		4011	, medanios many	doctor
Approved Not Approv		tendent Signature		Date
Reason	Superin	tendent Signature		
্র্যাট্টারি রহংগ্রিচ । একা বর্ষালোন্ নার্যাচা বেন্যাকে বেব্রাসি চান্ড *** Per Board Policy 03.125 and 03.225:	signaturas I INAV		EIMBURSEMENT	
Date # Miles Charge \$.4:	e @ Lodging	Meals Amoun	Other Expenses	Total
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Affidavit: I hereby certify that all expens	es included in the above statem	ent were incurred by an	Reimbursement Due	
employee of Simpson County Schools in charges qualifying for reimbursement frod data furnished here within is true and county Schools.	n the capacity of official busine om the Simpson County Board o	ss; that they are proper of Education; and that all	Central Office Use:	
		de Hillennes de .		
Employee Signature		Date	Coding	

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Attack weedingstagisters of form.

Employee Name Lori Stevens	Date Submitted
School/Work Site Lincoln	COPY
Name of Meeting/Conference ASD Cade	e
Date(s) of Meeting/Conference 9 - 25	Departure TimeReturn Time
	O Technology way, Bowling Green Ky
Rationale for Attendance ASD Cadre M	ember
Expenses paid by:	☐ KETS ☐ Other (MUST Specify)
Estimated Expenses:	
	Mileage Airfare Substitute Other Total Est. Expen 0.46 per mile \$100 per day
Principal Signature: Y Jalaho MCC	When Grant/Admin: elly Delly
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	8/26/2
Reason	Superintendent Signature Dat
#15[32 49/5][17 \$2 0 1 \$1 [4 4 0 \$4 4 5 4 1 5 5 5 5 5 1 6 5 5 5 5 5 5 5 5 5 5 5 5	TRAVEL EXPENSE REIMBURSEMENT REQUES
	Reimbursements MUST be submitted within thirty (30) days of the travel return dat Other Expenses
Date # Miles Charge @ Lodging	
Data # Miles Lougille	Mode
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Data # Miles Lougille	Meals Amount Explanation Total Amount Explanation Total Reimbursement Due al business; that they are proper Board of Education; and that all
Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of officic charges qualifying for reimbursement from the Simpson Count data furnished here within is true and correct to the best of my	Meals Amount Explanation Total Versitatement were incurred by an all business; that they are proper y Board of Education; and that all knowledge. Reimbursement Due Central Office Use:
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		hel Wri	NPAR	a Cente	e Submitted	8/5/3	625
Data(s) of N	Meeting/Confe	rence 10/21	22/2025	Depar	ture time	, ctuiii	Fime <u>6,30</u>
Place of Me	eting/Confere	ence Mu	rnay Il	ate U	querest	J	
Rationale fo	v Attendance	A.I	1 bles	status			
Expenses pa		SBDM PD	□ Spec Ed □ F	(ETS 🛮 Other (MUST Specify)		
Estimated E	xpenses:		30	eage Airfé	are Substitu	te Other	Total Est. Expenses
Registration	150	See policy	Aug. Aug. Company of the Company of	ser milë	\$100 per 6		2/0,50
	ntendent App		0	15	W.		8/7/25
Appro Reason		ot Approved	Sup	erintendent Sigr	nature		Date
				and the second			
		special in the contact of the contac	TR	AVEL EXPI	ENSE REIM The submitted with	BURSEMEN in thirty (30) days of t	NT REQUEST the travel return date.***
	# Miles	Charge @	Lodging	Meals	Other Amount	Expenses Explanation	Total
Date		\$.43					
			led in the above st	atement were incu	rred by an Re	eimbursement Du	ie
employee of	Simpson County	Schools in the cal	pacity of official buildingson County Book he best of my know	. 1	nd that all	al Office Use:	
Sache	e Wrigh	dt		8 5 35 Date	Codin	eg .	
Employee S	ignature	an	8/5	25			
	11/1/1/4	PROCEEDING TO SERVICE		Date		Approval	