

Subject to the rules and regulations and
 Superintendent's Policy for **PRIOR APPROVAL**
 Complete All Items on the back of form.
 Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name MILLI Mcintosh Date Submitted 4 Aug 25
 School/Work Site Central Office
 Name of Meeting/Conference KASHRM Annual Conference
 Date(s) of Meeting/Conference Sept 22-24 Departure Time 6:00 a.m. Return Time 7:00 pm
 Place of Meeting/Conference Lexington KY (Griffin Gate) 859, 231, 500
 Rationale for Attendance 21 R. Training
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) General Fund

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
<u>\$200.00</u>	<u>2 Nights @ \$400</u>		<u>350 \$150.5</u>	<u>N/A</u>	<u>N/A</u>	<u>Parking? \$100.00</u>	<u>\$700.00</u>
TOTAL							

Principal Signature: [Signature] Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason: _____ Superintendent Signature: [Signature] Date: 8/18/25

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

Supervisor/Principal/Board of Education Approval
 Superintendent Approval: **PRIOR APPROVAL**
 Complete ALL sections on copy held at school.
 Attach Meeting/Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name April McNaughton Date Submitted 8/19/2025
 School/Work Site Regional Training Center
 Name of Meeting/Conference ECTF
 Date(s) of Meeting/Conference 11/3-5/2025 Departure Time 12:00 Return Time 6:30 pm
 Place of Meeting/Conference Mariott Lexington Griffin Gate
 Rationale for Attendance Early Childhood Institute - presenting
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) RTC

COPY

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
		100.00				25.00	125.00

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

Notations: Ink selection upon recording. Include only 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	

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 _____

Reimbursement Due _____

Central Office Use:

 Coding _____
 CFO Approval _____

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Simpson County Schools is an Equal Opportunity Employer. All persons shall have an equal opportunity for employment without regard to race, sex, age, religion, or national origin. This policy applies to all employees and applicants for employment.

Employee Name April McNaughton Date Submitted 8/5/2025 COPY
 School/Work Site Regional Training Center
 Name of Meeting/Conference TPOT Reliability Training
 Date(s) of Meeting/Conference 10/21-22/2025 Departure Time 7:00 Return Time 6:30
 Place of Meeting/Conference Murray State University
 Rationale for Attendance Reliable status
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) RTC

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
	150.00	60.00					210.00

Principal Signature: _____ Grant/Admin: _____
Required if Expenses are Paid by Grant Funds
 Prior Superintendent Approval: _____
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 8/7/25

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.

Employee Signature [Signature] Date 8/5/25
 Supervisor Signature _____ Date _____

Reimbursement Due

Central Office Use: _____
 Coding _____
 CFO Approval _____

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Laura Miller-Welsh Date Submitted 8/5/25 COPY
 School/Work Site Regional Training Center
 Name of Meeting/Conference TPOT Reliability Training
 Date(s) of Meeting/Conference 10/21-22/2025 Departure Time 7:00 Return Time 6:30
 Place of Meeting/Conference Murray State University
 Rationale for Attendance Reliable status
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) ETC

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
	150.00	60.00					210.00

Principal Signature: [Signature] Grant/Admin: _____ Required if Expenses are Paid by Grant Funds
 Prior Superintendent Approval: _____
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 8/7/25

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 [Signature] Date 8/5/25
 Supervisor Signature [Signature] Date 8/5/25

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 Justin Mitchell Date Submitted 8/12/25
 School/Work Site FSMS
 Name of Meeting/Conference EPSB Meeting
 Date(s) of Meeting/Conference 8/12/25 Departure Time 8/11/25 5:00pm Return Time 8/12/25 5:00pm
 Place of Meeting/Conference KDE in Frankfurt
 Rationale for Attendance I'm a member of the EPSB
 Expenses paid by: SBDM PD Spec-Ed KETS Other (MUST Specify) Justin

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
—	—	—	—	—	—	—	—

Principal Signature: [Signature] Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 8/14/25

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.

Employee Signature Justin Mitchell Date 8/12/25
 Supervisor Signature _____ Date _____

Reimbursement Due

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**. Complete ALL items on the back of form. Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name Justin Mitchell Date Submitted 8/12/25
 School/Work Site FSMS
 Name of Meeting/Conference EPSCB Meeting
 Date(s) of Meeting/Conference 10/21/25 Departure Time 5:00pm Return Time 5:00pm
 Place of Meeting/Conference KDE in Frankfurt
 Rationale for Attendance I'm a member of the EPSCB
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Justin

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
—							

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 8/14/25

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 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.

Employee Signature [Signature] Date 8/12/25
 Supervisor Signature _____ Date _____

Reimbursement Due

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for PRIOR APPROVAL.
 Complete All Items on the back of form.
 Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Justin Mitchell Date Submitted 8/12/25 COPY
 School/Work Site FSMS
 Name of Meeting/Conference EPSPB Meeting
 Date(s) of Meeting/Conference 12/16/25 Departure Time 12/15/25 5:00pm Return Time 12/16/25 5:00pm
 Place of Meeting/Conference KDE in Frankfurt
 Rationale for Attendance I'm a member of EPSPB
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Justin

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
—	—	—	—	—	—	—	—

Principal Signature: [Signature] Grant/Admin: _____
 Prior Superintendent Approval: _____
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 8/14/25

Required if Expenses are Paid by Grant Funds

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

Central Office Use:

Coding

CFO Approval

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**. Complete All Items on the back of form. Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name Justin Mitchell Date Submitted 8/12/25

School/Work Site FSMS

Name of Meeting/Conference Advanced Social Studies trip to Colonial Williamsburg

Date(s) of Meeting/Conference 12/3 - 12/7 Departure Time ^{12/3} 8:00am Return Time ^{12/7} 6:00pm

Place of Meeting/Conference Colonial Williamsburg

Rationale for Attendance Students will research colonial trades & then come back and put on colonial fair for 2, 5, & 8th grade

Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) _____

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
—	—	—	—	—	—	—	—

Principal Signature: [Signature] Grant/Admin: Justin
Required if Expenses are Paid by Grant Funds

Prior Superintendent Approval:
 Approved Not Approved...
[Signature] Superintendent Signature 11/14/25 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.

Justin Mitchell Employee Signature 8/12/25 Date

Supervisor Signature Date

Reimbursement Due

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**. Complete All Items on the rest of form. Attach Meeting Registration form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name Justin Mitchell Date Submitted 8/12/25
 School/Work Site FSMS
 Name of Meeting/Conference NAGC Annual Conference
 Date(s) of Meeting/Conference 11/13 - 11/14 Departure Time 11/12 5:00pm Return Time 11/16 5:00pm
 Place of Meeting/Conference Pittsburgh, PA
 Rationale for Attendance I will be presenting 3 sessions over GT during the conference
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) _____

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
—	—	—	—	—	—	—	—

Principal Signature: [Signature] Grant/Admin: Justin
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 8/14/25

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.

Employee Signature [Signature] Date 8/12/25
 Supervisor Signature _____ Date _____

Reimbursement Due

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 Justin Mitchell Date Submitted 8/12/25 **COPY**
 School/Work Site PSMS
 Name of Meeting/Conference Kentucky Youth Assembly (KYA) Conference
 Date(s) of Meeting/Conference 11/6 - 11/8 Departure Time 8:00am Return Time 1:00pm
 Place of Meeting/Conference Louisville - Crowne Plaza Conference Center
 Rationale for Attendance I sponsor KYA and these are the dates of the conference
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) _____

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
—	—	—	—	—	—	—	—

Principal Signature: [Signature] Grant/Admin: Justin
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature: [Signature] Date: 8/14/25

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.

Employee Signature: Justin Mitchell Date: 8/12/25
 Supervisor Signature: _____ Date: _____

Reimbursement Due

Central Office Use:

Coding

CFO Approval

COPY

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

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

Employee Name Abby Phillips Date Submitted 8-12-25
 School/Work Site FSHS
 Name of Meeting/Conference KY State Fair
 Date(s) of Meeting/Conference 8/14-8/15 Departure Time 8Am Return Time 6pm
 Place of Meeting/Conference KY expo center - Louisville, KY
 Rationale for Attendance Student competition
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Perkins

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
	000 140	40			100		000 280

Principal Signature: [Signature] Grant/Admin: FFA
 Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature _____ Date 8/12/25

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	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.

Abby Phillips _____
 Employee Signature Date 8/12/25
[Signature] _____
 Supervisor Signature Date

Reimbursement Due _____

Central Office Use:

 Coding

 CFO Approval

Subsequent travel requests are due to administrative errors.
 Subsequent requests must be for **PRORATED APPROVAL**.
 Generalized and blanket approvals are not allowed.
 Address: [Redacted] Registration Point

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Sarah Richardson Date Submitted 8/25/25 COPY
 School/Work Site Central Office
 Name of Meeting/Conference Annual KSNA Admin. Conference
 Date(s) of Meeting/Conference 9/2-9/5 Departure Time 4:00pm Return Time 4:00pm
 Place of Meeting/Conference Galt House - Louisville, Ky
 Rationale for Attendance Annual conf. for directors, trainings, KAE updates
 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
	\$507	\$120	\$115.24				\$742.24

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: 8/25/25

Subsequent travel requests are due to administrative errors. Subsequent requests must be for PRORATED APPROVAL. Generalized and blanket approvals are not allowed. Address: [Redacted] Registration Point

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

Central Office Use:

Coding

CFO Approval

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Submit this form to the Principal and
 Superintendent for **PRIOR APPROVAL**
 Complete All Items on the Staff of Travel
 Agency Meeting Registration Form

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name Shelina Smith Date Submitted 08/28/25
 School/Work Site Co
 Name of Meeting/Conference Continuous Improvement Cognia Conference
 Date(s) of Meeting/Conference 09/21 - 09/23, 2025 Departure Time 8:00am Return Time 6:00pm
 Place of Meeting/Conference Lexington Hyatt
 Rationale for Attendance COIP
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) 401

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
185.-	319.48	100.-	147.92				752.40

Principal Signature: _____ Grant/Admin: Shelina Smith
 Required if Expenses are Paid by Grant Funds
 Prior Superintendent Approval: _____
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 8/29/25

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

Bok

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

(Faint, partially obscured text in the top left corner)

Employee Name Lori Stevens Date Submitted 8/19/25
 School/Work Site Lincoln
 Name of Meeting/Conference ASD Cadre
 Date(s) of Meeting/Conference 9-9-25 Departure Time 7:30 Return Time 4:00
 Place of Meeting/Conference GRREC 230 Technology Way, Bowling Green KY
 Rationale for Attendance ASD Cadre member
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify)

 **COPY**

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
			23.92				

Principal Signature: X Natasha McAulcher Grant/Admin: Kelly Baker
 Prior Superintendent Approval: Approved Not Approved...
 Reason: _____
 Superintendent Signature: *(Signature)* Date: 8/26/25
 Required if Expenses are Paid by Grant Funds

TRAVEL EXPENSE REIMBURSEMENT REQUEST

(Faint text: Submit this section upon returning, include any original receipts and signatures)

*** 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 @ \$.46	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 Rachel Wright Date Submitted 8/5/2025
School/Work Site Regional Training Center
Name of Meeting/Conference TPOT Reliability Training
Date(s) of Meeting/Conference 10/21-22/2025 Departure Time 7:00 Return Time 6:30
Place of Meeting/Conference Murray State University
Rationale for Attendance Reliable status
Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) ETC

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
	<u>150.00</u>	<u>60.00</u>					<u>210.00</u>

Principal Signature: [Signature] Grant/Admin: _____
Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
Reason 1 Superintendent Signature [Signature] Date 8/7/25

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.

Rachel Wright 8/5/25
Employee Signature Date
[Signature] 8/5/25
Supervisor Signature Date

Reimbursement Due _____
Central Office Use: _____
Coding _____
CFO Approval _____