Employee Name Cheisea Adan	√√ Date Subm	nitted 9 9 25	
School/Work Site FSHS		, ,	
Name of Meeting/Conference FPYSC F Date(s) of Meeting/Conference 9 1 9 2	zegional Meeting		
Place of Meeting/Conference	- W	Glasgow, KY	
Rationale for Attendance regional	meeting	14 CO 10 C 10 C 17	B h A
Expenses paid by: SBDM PD Spe	c Ed KETS Other (MUST)	Specify) 1402104 - 0580 - 12	0 14
Estimated Expenses:			
Registration Lodging Meals See policy on back	Mileage Airfare \$ \$0.43 per mile	Substitute Other Total Est. Exp \$100 per day 48.16	enses
Principal Signature: Prior Superintendent Approval: Approved Not Approved	Grant/Admin:	Required If Expenses are Paid by Grant Fun	r /25
Reason	Superintendent Signature	, D	ate
original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District Date # Miles Charge @ \$.43	ct Travel Reimbursements MUST be sub	Other Expenses Total Explanation	late.***
Affidavit: I hereby certify that all expenses included in temployee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson data furnished here within is true and correct to the best	of official business; that they are prop n County Board of Education; and that	Central Office Use:	
employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson	of official business; that they are prop n County Board of Education; and that	all	

Employee N	lame <u>(h</u>	elseg Ita	dams	Date S	ubmitted			
School/Wor	k Site FS	H5		0	1			
Name of Me	eeting/Confe	rence <u>GPE</u>	ECC - BUI	ly Pleven	tion			A A · ii A
Date(s) of N	leeting/Confe	erence 9/2	4/15	Departur	re Time	<u>7·30 </u>	eturn Time	\$ 4:00
		ence GRE		į.				
Rationale fo	or Attendance	FRYSC	Trainin	y hours		NAII2 IA	A AF	0/1 12/1
Expenses pa	aid by:	SBDM □ PD [□ Spec Ed □ K	ETS Other (MI	UST Speci	fy) <u> </u>	7-05	90-1201
Estimated E								
Registratio		See policy	on back* \$0.43 g	eage Airfare per mile - 52		bstitute O 10 per day	ther To	otal Est. Expenses
Prior Superi	ntendent Apr ved N	proval: ot Approved	4	Grant/Adr	Th	Required if Expe	nses are Paid	by Grant Funds 7 / 25 Date
Stub. Side also		returning, Includ		AVEL EXPEN	NSE RE	IMBURSE	MENT	REQUEST
origina	l required rece d Policy 03.125 a # Miles	Charge @		mbursements MUST b	e submitte	d within thirty (30) Other Expenses	days of the t	
origina	# Miles	and 03,225: "Out-of Charge @ \$.43	-District Travel Rei	mbursements MUST b		d within thirty (30)	days of the t	ravel return date.***
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origina	# Miles	and 03,225: "Out-of Charge @ \$.43	-District Travel Rei	mbursements MUST b	e submitte	d within thirty (30) Other Expenses	days of the t	ravel return date.***
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origina	# Miles	and 03,225: "Out-of Charge @ \$.43	-District Travel Rei	mbursements MUST b	e submitte	d within thirty (30) Other Expenses	days of the t	ravel return date.***
*** Per Board Date	# Miles	27.52	-District Travel Rei	Meals	Amount	d within thirty (30) Other Expenses Explan	days of the t	ravel return date.***
*** Per Board Date Affidavit: I he employee of	# Miles # Miles (L T	charge @ \$.43 27.52 tall expenses include Schools in the ca	Lodging Lodging ded in the above sta	Meals Meals atement were incurred siness; that they are	Amount d by an proper	d within thirty (30) Other Expenses	days of the t	ravel return date.***
Date Affidavit: I he employee of charges qualif	# Miles # Miles # Fresh County # Fresh Coun	charge @ \$.43 27.52 tall expenses include Schools in the ca	Lodging Lodging ded in the above stapacity of official businesson County Board	Meals Meals atement were incurred siness; that they are and of Education; and	d by an proper that all	d within thirty (30) Other Expenses Explan	ation	ravel return date.***
Date Affidavit: I he employee of charges qualif	# Miles # Miles # Fresh County # Fresh Coun	charge @ \$.43 27.52 the all expenses include the Schools in the carsement from the Schools.	Lodging Lodging ded in the above stapacity of official businesson County Board	Meals Meals atement were incurred siness; that they are and of Education; and	d by an proper that all	Reimbursen Central Office U	ation	ravel return date.***
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Employee Name Taylor Barnes	
Name of Meeting/Conference El Tellinek Weeting	
Departure Time 6:40AM Return	
Pate(5) of medamb, domerons	n Time <u>G:00PM</u>
Place of Meeting/Conference MARCHSWOW, FY OWENSHOWN PUBLIC SUMWIS CO	entral office
Rationale for Attendance To collaborate with other to teachers in the St	ate.
Expenses paid by: SBDM DPD Spec Ed KETS Dother (MUST Specify)	
Estimated Expenses:	
Registration Lodging Meals Mileage Airfare Substitute Other See policy on back* \$0.43 per mile \$100 per day	Total Est. Expens
See policy on back* \$0.43 per mile \$100 per day	+ an 94
190	\$80.84
Principal Signature: Grant/Admin:	mag
rior Superintendent Approval: Required if Expenses a	are Paid by Grant Funds
Approved Not Approved	
ReasonSuperintendent Signature	Date
Date # Miles Charge @ Lodging Meals Amount Explanation	
9-19-25 198 \$80.34	\$80.8L
Affidavit: I hereby certify that all expenses included in the above statement were incurred by an elembursement statement were incurred by an elembursement of Simoson County Schools in the capacity of official business; that they are proper	Due \$80.8
Affidavit: I hereby certify that all expenses included in the above statement were incurred by all 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	Due \$80.8
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	Due \$80.8
Affidavit: I hereby certify that all expenses included in the above statement were incurred by all 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 lata furnished here within is true and correct to the best of my knowledge. Central Office Use:	Due \$80.8
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 harges qualifying for reimbursement from the Simpson County Board of Education; and that all lata furnished here within is true and correct to the best of my knowledge. Central Office Use:	Due \$80.8
Affidavit: I hereby certify that all expenses included in the above statement were incurred by all 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 lata furnished here within is true and correct to the best of my knowledge. Central Office Use:	Due \$80.8
infidavit: I hereby certify that all expenses included in the above statement were incurred by an imployee of Simpson County Schools in the capacity of official business; that they are proper harges qualifying for reimbursement from the Simpson County Board of Education; and that all lata furnished here within is true and correct to the best of my knowledge. Central Office Use:	Due \$80.8

Employee Name Amanda	BillsDate Submitted 9/4/25
School/Work Site FSHS	
Name of Meeting/ConferenceK	9/17/25 Departure Time 8:15am Return Time 1:00pm
Date(s) of Meeting/Conference	9/17/25 Departure Time 8. 15am Return Time 1. 00pm
Place of Meeting/Conference	b Kirby Library, Bowling Green
Rationale for Attendance HAFS A	updates, College admission/scholorship updates (Sky, Whigh K)
Expenses paid by: SBDM 🗆 P	D Spec Ed KETS Other (MUST Specify) SBDM
Estimated Expenses:	
Registration Lodging See	Meals Mileage Airfare Substitute Other Total Est. Expenses \$100 per day
Principal Signature:	Grant/Admin: SBDM Required if Expenses are Paid by Grant Funds
Prior Superintendent Approvel:	
ApprovedNot Approve	d Superintendent Signature Date
Reason	Superintendent signature Bate
Submit this section upon returning. I original required receipts and sign	
*** Per Board Policy 03.125 and 03.225: "Charge @	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 Reimbursements MUST be submitted within thirty (30) days of the travel return date.* Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Charge @	Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.* Other Expenses Total
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*** Per Board Policy 03.125 and 03.225: "Charge © \$.43 Date # Miles \$.43 Affidavit: I hereby certify that all expenses employee of Simpson County Schools in the charges qualifying for reimbursement from	Dut-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.* Other Expenses Lodging Meals Amount Explanation Total included in the above statement were incurred by an the capacity of official business; that they are proper the Simpson County Board of Education; and that all
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Employee Name	nanda Bi	ils	Date S	ubmitted _	9/9/2	
School/Work Site	5715					
Name of Meeting/Confere	ence GKREL	- Bully	Prevent	i un		
Date(s) of Meeting/Confe	01 -		Departur	e Time	7:30 am Ret	urn Time 4:00 pm
Place of Meeting/Confere	ence GALEC					
Rationale for Attendance	Bully +	revention	n Tra	shin	X	
Expenses paid by:	SBDM □ PD □ Sp	ec Ed	☐ Other (MU	JST Specify	4	
Estimated Expenses:						
Registration Lodgi	ng Meals See policy on ba	Mileage ck* \$0.43 per mile			stitute Oth per day	From Total Est. Expenses
Principal Signature: Prior Superintendent App	/ /		Grant/Adr	min:	Required if Expense	s are Paid by Grant Funds
	ot Approved	<	2	5 M		5/18/3
Reason		_ Superinte	endent Signat			
Submit this section upon original required recei *** Per Board Policy 03.125 a Date # Miles	ipts and signatures. nd 03.225: "Out-of-Distr	rict Travel Reimburs		e submitted		MENT REQUEST ys of the travel return date.*** Total
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Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbur	Schools in the capacity	of official business	s; that they are	proper	Keimburseme	nt due
data furnished here within is tr	rue and correct to the be	st of my knowledge		С	entral Office Use	:
Employee Signature			Date	$ \frac{1}{c}$	oding	
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and of Meeting/Conference	*** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @	Park to the second			
ame of Meeting/Conference	original required receipts and signatures.	INAVELEN			
ame of Meeting/Conference	Reason	_ Superintendent S	oignature		Date
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ame of Meeting/Conference 674 CCR ate(s) of Meeting/Conference 10 14 25 Departure Time 7.30 an Return Time 4,00 p.M lace of Meeting/Conference 644 CCC ationale for Attendance CTE Carrer Exploration; KHEAA expenses paid by: DSBDM PD Spec Ed KETS Other (MUST Specify)	Itchian and an				Total Est. Expenses
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chool/Work Site FSHS	Place of Meeting/Conference CALLE	\mathcal{C}			
chool/Work Site FSHS					ne 4,00000
	Date(s) of Meeting/Conference 10 [14	125 Dep	parture Time	.30an-Return Tin	11 200
mployee Name Amanda Bills Date Submitted	Name of Meeting/Conference 62/16	C- CCR { 25 Dep	parture Time	. 30an-Return Tin	11,30,000

Submit this form to the Principal Superintendent for PRICE AND AUTOMAL
Complete ALL Items on top helf of form
Attach Meeting Registration Form

Employee Name Constance	BANG	_Date Submitted _	000 15 2025	
School/Work SiteS				
Name of Meeting/Conference	C CRESTONIAL BONS	wing) heer		
Date(s) of Meeting/Conference	172-2025	Departure Time	Return Tim	ne 3pm
Place of Meeting/Conference	0	(chuys)	L	COP
Rationale for Attendance FUS)		
Expenses paid by:	☐ Spec Ed ☐ KETS ☐ 6	ther (MUST Specify)	neger	
Estimated Expenses:				
See pol	Meals Mileage icy on back* \$0.43 per mile		itute Other er day	Total Est. Expenses
Principal Signature: See Belver	Gı	rant/Admin:		
Prior Superintendent Approval:	, .	/	Required if Expenses are Pai	d by Grant Funds
Approved Not Approved		+ SM		10/11/2X
Reason	Superintender	rt Signature		Date
Submit this section upon returning, Inc. original required receipts and signat		XPENSE REI	MBURSEMENT	REQUEST
*** Per Roard Policy 03,125 and 03,225: "Out	of-District Travel Paimhursement	s MIIST ha submitted u	ithin thirty (20) days of the	***
*** Per Board Policy 03.125 and 03.225: "Out	建设设施设施设施	Ot	rithin thirty (30) days of the her Expenses	DE STATE OF
PROPERTY AND ADDRESS OF THE PARTY OF THE PAR	Lodging Meals	Ot		travel return date.*** Total
Date # Miles Charge @	建设设施设施设施	Ot	her Expenses	DE STATE OF
Date # Miles Charge @	建设设施设施设施	Ot	her Expenses	DE STATE OF
Date # Miles Charge @	建设设施设施设施	Ot	her Expenses	DE STATE OF
Date # Miles Charge @	建设设施设施设施	Ot	her Expenses	DE STATE OF
Date # Miles Charge @	建设设施设施设施	Ot	her Expenses	DE STATE OF
Date # Miles Charge @	建设设施设施	Ot	her Expenses	DE STATE OF
Date # Miles Charge @	建设设施设施	Ot	her Expenses	DE STATE OF
Date # Miles Charge @	建设设施设施	Ot	her Expenses	DE STATE OF
Date # Miles Charge @ \$.43 Affidavit: I hereby certify that all expenses inclemployee of Simpson County Schools in the complex of the comple	Lodging Meals uded in the above statement were rapacity of official business; that	Amount e incurred by an they are proper	her Expenses	DE STATE OF
Date # Miles Charge @ \$.43 Affidavit: I hereby certify that all expenses incl	Lodging Meals uded in the above statement were apacity of official business; that Simpson County Board of Educat	Amount e incurred by an they are proper ion; and that all	her Expenses Explanation	DE STATE OF
Affidavit: I hereby certify that all expenses inclemployee of Simpson County Schools in the charges qualifying for reimbursement from the data furnished here within is true and correct to	Lodging Meals uded in the above statement were apacity of official business; that simpson County Board of Educate the best of my knowledge.	e incurred by an they are proper ion; and that all	Reimbursement Due	DE STATE OF
Affidavit: I hereby certify that all expenses inclemployee of Simpson County Schools in the charges qualifying for reimbursement from the	Lodging Meals uded in the above statement were apacity of official business; that Simpson County Board of Educat	e incurred by an they are proper ion; and that all	Explanation Explanation Reimbursement Due	DE STATE OF
Affidavit: I hereby certify that all expenses inclemployee of Simpson County Schools in the charges qualifying for reimbursement from the data furnished here within is true and correct to	Lodging Meals uded in the above statement were apacity of official business; that simpson County Board of Educate the best of my knowledge.	e incurred by an they are proper ion; and that all	Reimbursement Due	DE STATE OF

SIMPSON COUNTY SCHOOLS **OUT-OF-DISTRICT TRAVEL AUTHORIZATION**

CFO Approval

Employee Name Constance R	Date Submitted	000-151-2025
School/Work Site FSm-8		COP
Name of Meeting/Conference	ASAP	<u> </u>
Date(s) of Meeting/Conference	Departure Time 10	Return Time 3pm
Place of Meeting/Conference	on Co. Library in Russell	vike ky
Rationale for Attendance FRISC		*
Expenses paid by: SBDM PD	☐ Spec Ed ☐ KETS ☐ Other (MUST Specify)	MSFTYSC
Estimated Expenses:	***	
See policy	eals Mileage Airfare Subst y on back* \$0.43 per mile \$100 p	
Principal Signature:	Grant/Admin:	
Prior Superintendent Approval:		Required if Expenses are Paid by Grant Funds
Approved Not Approved	Sh	10/14/25
Reason	Superintendent Signature	Date
Date # Miles Charge @	f-District Travel Reimbursements MUST be submitted w Lodging Meals	her Expenses Total
\$.43	Amount	Explanation
Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the cap charges qualifying for reimbursement from the S	pacity of official business; that they are proper	Reimbursement Due
data furnished here within is true and correct to t	had been traffic and the second and traffic	ntral Office Use:
Constance Bre	UCH 181 2025	
Employee Signature		ding
Mullan A.	10/1/26	

Affidavit: I hereby certify that all expenses included employee of Simpson County Schools in the capacharges qualifying for reimbursement from the Sim data furnished here within is true and correct to the	d in the above statement were city of official business; that apson County Board of Educa	Amoun The incurred by an they are proper tion; and that all	Other System	xplanation ursement Due	Total
Affidavit: I hereby certify that all expenses included employee of Simpson County Schools in the capacharges qualifying for reimbursement from the Sim data furnished here within is true and correct to the	In the above statement were city of official business; that apson County Board of Educate best of my knowledge.	Amoun The incurred by an they are proper tion; and that all	Reimb	xplanation ursement Due	在計劃經濟時期第20日日
Date # Miles Charge @	PERSONAL PROPERTY OF THE PERSONAL PROPERTY OF	10 10 10 10 10 10 10 10 10 10 10 10 10 1	ាំវ៉ានា ^{គ្} ែក	15'05	在計劃經濟時期第20日日
Date # Miles Charge @	PERSONAL PROPERTY OF THE PERSONAL PROPERTY OF	10 10 10 10 10 10 10 10 10 10 10 10 10 1	ាំវ៉ានា ^{គ្} ែក	15'05	在計劃經濟時期第20日日
Date # Miles Charge @	PERSONAL PROPERTY OF THE PERSONAL PROPERTY OF	10 10 10 10 10 10 10 10 10 10 10 10 10 1	ាំវ៉ានា ^{គ្} ែក	15'05	在計劃經濟時期第20日日
Date # Miles Charge @	PERSONAL PROPERTY OF THE PERSONAL PROPERTY OF	10 10 10 10 10 10 10 10 10 10 10 10 10 1	ាំវ៉ានា ^{គ្} ែក	15'05	在計劃經濟時期第20日日
Date # Miles Charge @	PERSONAL PROPERTY OF THE PERSONAL PROPERTY OF	10 10 10 10 10 10 10 10 10 10 10 10 10 1	ាំវ៉ានា ^{គ្} រពេទ	15'05	在計劃經濟時期第20日日
	ISTRICT TRAVEL REIMBURSEMENT				在計劃經濟時期第20日日
original required receipts and signatures *** Per Board Policy 03.125 and 03.225: "Out-of-D					
Submit this section upon returning, include		3. 50 10 10 10 10 10 10 10 10 10 10 10 10 10	EINARIII	DSEMENT	REQUEST
ApprovedNot Approved	SuperIntenden	st Signature			Date
Principal Signature: Prior/Superintendent Apprivation	G:	rant/Admin:	Requirea i	f Expenses are Pai	d by Grant Funds
369 / 80) /				449
Registration Lodging Meals	CONTRACTOR OF THE PARTY OF THE		ubstitute 100 per day	Other	Fotal Est. Expenses
Estimated Expenses:	Special Likers Library	ther (ivios) spec			
Rationale for Attendance NUNCYSE Expenses paid by: 575BDM PD D	Spaced Tivers To	tiper /MUST Spec	-ify)		
Place of Meeting/Conference OMO					
0			110011	Return Tim	e <u> </u>
Date(s) of Meeting/Conference DCC 3	/ 1 - / -	,	in		311
Name of Meeting/Conference UN TUC	y Interchance	10			
Employee Name Amanda Brown School/Work Site FS HS Name of Meeting/Conference LUNTUL Date(s) of Meeting/Conference DCC 3	W Interchance	jc		ų_	COL

	ame Ell	to Carr	ody	Date	e Submitted	_0911	8125	
School/Wor		nce Cont	inuais la	proven	rent	Sum	mit	
Date(s) of M	teeting/Confer	ence 09122	-23 2025		ture Time 🤇	81121	Return Time	<u>09123</u>
Place of Me	eting/Confere	nce <u>CPXU</u> 50B 7U	ngton, K	evel apm		fy) TQ		
Estimated E								
	NA	See policy S 50 Voval:	on back 50 43 p		Admin:	bstitute 00 per day A Mulu Required if		by Grant Funds 9/18/25 Date
Submit thi	s section upon t	returning. Includ	eany TR/	AVEL EXP	ENSE RI	EIMBUF	RSEMENT	REQUEST
*** Per Board	Policy 03.125 ar	THE RESERVE OF THE PERSON NAMED IN	-District Travel Rein	nbursements MUS		Other Expen	(30) days of the	travel return date.*** Total
•••• Per Board Date	Policy 03.125 an	Charge @ \$.43				Other Expen	(30) days of the	travel return date.***
Date Date Affidavit: I heremployee of Scharges qualifications.	# Miles # Miles eby certify that a simpson County size for reimburs.	Charge @ \$.43 State of the capement from the Sement from the	-District Travel Rein	Meals Meals Meals Meals Meals Meals Meals Meals Meals	Amount Amount	Other Expens	y (30) days of the ses planation ursement Due	travel return date.***
Date Date Affidavit: I heremployee of Scharges qualifications.	eby certify that a simpson County sing for reimburs here within is true	Charge @ \$.43 State of the capement from the Sement from the	Lodging Lodging ed in the above states of official buildings on County Boa	Meals Meals Meals Meals Meals Meals Meals Meals Meals	Amount Amount	Ex Reimbu	y (30) days of the ses planation ursement Due	travel return date.***

h 1	11 -		10/1/25	
Employee Name Amber Chara		Submitted	10/14/22	
School/Work Site TINNIN E	emontary	1) 1.10	1-	
Name of Meeting/Conference	Managers .	Kenth	700	11:00:00
Date(s) of Meeting/Conference 10/20	- 10/22/23 Depart	ure Time <u></u>	Return Tim	ie <u>4.004m</u>
Place of Meeting/Conference	set Ky	· ,	form	0 (
Rationale for Attendance				agers
Expenses paid by:	ec Ed	MUST Specify)	1000 301	
Estimated Expenses:				
Registration Lodging Meals See policy on ba 339.72 80.00 Principal Signature: Scool Ricks		\$100 p	er day	119.72
Prior Superintendent Approval:	15	//	equired if Expenses are Pai	d by Grant Funds
4 Approved Not Approved		M		10/14/0
Reason	_ Superinter dent Sign	ature		Date
	INAVELEAFE	HADE IVEH	AIDOIOPLAILLE	HECCESI
original required receipts and signatures. **** Per Board Policy 03.125 and 03.225: "Out-of-Dist Date # Miles Charge @ \$.43	TRAVEL EXPE	f be submitted w		
**** Per Board Policy 03.125 and 03.225: "Out-of-Dist Date # Miles Charge @ \$.43 Affidavit: I hereby certify that all expenses included in	Lodging Meals The above statement were incur	The submitted w Ot Amount	ithin thirty (30) days of the ner Expenses	travel return date.***
**** Per Board Policy 03.125 and 03.225: "Out-of-Dist Date # Miles Charge @ \$.43	the above statement were incursed of official business; that they are no County Board of Education; are	red by an re proper and that all	Reimbursement Due	travel return date.***
**** Per Board Policy 03.125 and 03.225: "Out-of-Dist Date # Miles Charge @ \$.43 Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson	the above statement were incursed of official business; that they are no County Board of Education; are	red by an re proper and that all	thin thirty (30) days of the her Expenses Explanation Reimbursement Due	travel return date.***



Employee Name Tina Cowes	Date Submitted 10 H 25
School/Work Site FJ High Schoo	
Name of Meeting/Conference KSNA	managers Retreat
Date(s) of Meeting/Conference 10/20 - 16	22 25 Departure Time 2:00pm Return Time 4:00pm
Place of Meeting/Conference Sonto	ference straining for managers
Expenses paid by:	ec Ed
Estimated Expenses:	
Registration Lodging Meals See policy on bac	Mileage Airfare Substitute Other Total Est. Expenses k* \$0.43 per mile \$100 per day 419.7-2
Principal Signature.	Grant/Admin:
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	10/1t/
Reason	Superintendent signature Date
original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REQUEST
Charge @	odging Meals Amount Explanation Other Explanation
Data # Miles Charge @	Other Expenses Total
Data # Miles Charge @	Other Expenses Total
Data # Miles Charge @	Other Expenses Total
Data # Miles Charge @	Other Expenses Total
Data # Miles Charge @	Other Expenses Total
Data # Miles Charge @	Other Expenses Total
Data # Miles Charge @	Other Expenses Total
Date # Miles Charge @ \$.43 L \$.43 L Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson	Odging Meals Amount Explanation Total Amount Explanation Total the above statement were incurred by an of official business; that they are proper n County Board of Education; and that all
Date # Miles Charge @ \$.43 L \$.43 L Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity	Odging Meals Amount Explanation Total Amount Explanation Total the above statement were incurred by an of official business; that they are proper n County Board of Education; and that all
Date # Miles Charge @ \$.43 L \$.43 L Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson	Odging Meals Amount Explanation Total Amount Explanation Total the above statement were incurred by an of official business; that they are proper n County Board of Education; and that all

	eting Registrat		001-01	יוא וכוע	UI INA	1 V C L F	(OTTIOI\IZ	AHON
School/Work Name of Mee Date(s) of Mee Place of Mee Rationale for	Site From eting/Conference ting/Conference Attendance d by: \$\forall S\rightarrow S	ence September PD BDM PD See policy of	Cky School - 12 Charles Charles	Depart May Ton TS Other (ng (iure Time _ noth MUST Speciare S	Confor 9/10 lep Leson	ence n_Return Time	otal Est. Expenses
Principal Sign Prior Superin Approv	nature: tendent Appr red No			Grant/A	18	Required	if Expenses are Paid	by Grant Funds Date
	saction (Inde	returning, includ	e anv			CINADI		DECHECT
original	required recei	ots and signature	FIV.			ed within thi	rty (30) days of the 1	REQUEST
original	required recei	ots and signature	FIV.			od within thi	rty (30) days of the 1	
*** Per Board Date	required recei Policy 03.125 ar # Miles	pts and signature and 03.225: "Out-of- Charge @ \$.43	District Travel Rein	nbursements MUS	T be submitt	od within thi	rty (30) days of the t enses	Total
original *** Per Board	required receip Policy 03.125 ar	pts and signature nd 03.225: "Out-of- Charge @	District Travel Rein	nbursements MUS Meals	T be submitt	od within thi	rty (30) days of the t enses	travel return date.*** Total
*** Per Board Date	required recei Policy 03.125 ar # Miles	pts and signature and 03.225: "Out-of- Charge @ \$.43	District Travel Rein	Meals 26	T be submitt	od within thi	rty (30) days of the t enses	Total
*** Per Board Date 9110	required receiped rec	ots and signature of 03.225: "Out-of-Charge @ \$.43	Lodging	Meals 26	T be submitt	other Expe	rty (30) days of the t enses	Total 95.25 40
original *** Per Board Date 9 10 9 11 9 12	# Miles 175 175	pts and signature of 03.225: "Out-of- Charge @ \$.43 75.25	Lodging Lodging Lodging	Meals Z6 U0 Z0	Amour	Other Exposit	rty (30) days of the t enses	Total 95.25 40 511.29
Per Board Date 9 10 9 11 9 12 Affidavit: I here employee of Scharges qualifications	# Miles # Miles 175 175 eby certify that simpson County ying for reimbur.	ots and signature and 03.225: "Out-of-charge @ \$.43 75.25 75.25 all expenses include Schools in the capsement from the Sement from the Seme	Lodging	Meals 26 40 20 atement were incursiness; that they ard of Education; and are	Amour Amour	Other Expont	rty (30) days of the f enses Explanation	Total 95.25 40
Per Board Date 9 10 9 11 9 12 Affidavit: I here employee of Scharges qualifications	# Miles # Miles # Miles 175 175 eby certify that simpson County ying for reimburghere within is tr	ots and signature and 03.225: "Out-of-charge @ \$.43 75.25 75.25 all expenses include Schools in the capsement from the Sement from the Seme	Lodging Lodgin	Meals 26 40 20 atement were incursiness; that they ard of Education; and are	Amour Amour	Other Expont	rty (30) days of the fenses Explanation bursement Due	Total 95.25 40 511.29

Employee Name Tenifer Ellis	Date Submitted	
School/Work Site FJ High Scho	0	
	managers Retreat	
Date(s) of Meeting/Conference $10/20-10/2$	Departure Time 2:00 Return Time 4:0	Mpm
Place of Meeting/Conference Some Set	1 Programme 1	
Rationale for Attendance	orace truining to managers	
Expenses paid by: SBDM PD Spec Ed	KETS Other (MUST Specify)	
Estimated Expenses:		
Registration Lodging Meals		Expenses
See policy on back* \$39.72 80.00	\$0.43 per mile \$100 per day	72
S. Dillerd	Grant/Admin:	
Principal Signature: \(\textit{)\(\textit{\textit{)}\(\textit{\textit{)}\(\tex	Required if Expenses are Paid by Gran	t Funds
Approved Not Approved	ET SW	0/11/
Reason	Superintendent Signature	Date
Submit this section upon returning. Include any original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REC	QUEST
	vel Reimbursements MUST be submitted within thirty (30) days of the travel re	turn date.***
Date # Miles Charge @ Lodgin	Other Expenses	Total
\$.43 = 5.83.	Amount Explanation	
	Reimbursement Due	
Affidavit: I hereby certify that all expenses included in the ab employee of Simpson County Schools in the capacity of off	icial business; that they are proper	
charges qualifying for reimbursement from the Simpson Cou data furnished here within is true and correct to the best of m	nty Board of Education; and that all	
Employee Signature	Date Coding	
	T and the state of	



Employee Name	E	5	Date Subm	nitted 9/11/2	
Employee NameSchool/Work Site	545				
Name of Meeting/Confer	ence Rais	ing Hepe	•		
Name of Meeting/Confer Date(s) of Meeting/Confe	rence ///17	125	Departure Ti	me 7-50 Ret	urn Time <u> ろ:。</u>
Date(s) of Meeting/Come	M -	11111	/		
Place of Meeting/Conference	ence / lvi fay	13 Tate U	NOCES ITY		
Rationale for Attendance	_ Stude	nt Achie	tenent		
Expenses paid by:	SBDM □ PD □	Spec Ed ☐ KETS	☐ Other (MUST	Specify)	
Estimated Expenses:					
Registration Lodgi	ng Meal See policy or		Airfare	Substitute Oth \$100 per day	er Total Est. Expenses
Principal Signature:	1		Grant/Admin:		on are Baild by Creat Funder
Prior Superintendent App			1	Required if Expense	es are Paid by Grant Funds
Approved A					9/12/5
Reason	-	Superint	endent Signature	999	v Date
S Carginal requires rese	2 . T . W. W				
*** Per Board Policy 03.125 a Date # Miles	nd 03.225: "Out-of-D Charge @ \$.43	多名称的 200 0年	sements MUST be sub	Other Expenses nount Explanati	ys of the travel return date.*** Total
*** Per Board Policy 03.125 a	nd 03.225: "Out-of-D Charge @	District Travel Reimburs	sements MUST be sub	omitted within thirty (30) da Other Expenses	ys of the travel return date.*** Total
*** Per Board Policy 03.125 a	nd 03.225: "Out-of-D Charge @	District Travel Reimburs	sements MUST be sub	omitted within thirty (30) da Other Expenses	ys of the travel return date.**
*** Per Board Policy 03.125 a	nd 03.225: "Out-of-D Charge @	District Travel Reimburs	sements MUST be sub	omitted within thirty (30) da Other Expenses	ys of the travel return date.*** Total
*** Per Board Policy 03.125 a	nd 03.225: "Out-of-D Charge @	District Travel Reimburs	sements MUST be sub	omitted within thirty (30) da Other Expenses	ys of the travel return date.*** Total
*** Per Board Policy 03.125 a	nd 03.225: "Out-of-D Charge @	District Travel Reimburs	sements MUST be sub	omitted within thirty (30) da Other Expenses	ys of the travel return date.**
*** Per Board Policy 03.125 a	charge @ \$.43 all expenses include Schools in the capa sement from the Sin	d in the above statementity of official business	Meals Am The substitution of the substitution	Other Expenses nount Explanati Reimburseme	nt Due
*** Per Board Policy 03.125 a Date # Miles Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbur	charge @ \$.43 all expenses include Schools in the capa sement from the Sin	d in the above statementity of official business	Meals Am The substitution of the substitution	Other Expenses nount Explanati Reimburseme an Reral Office Use	nt Due
*** Per Board Policy 03.125 a Date # Miles Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbur	charge @ \$.43 all expenses include Schools in the capa sement from the Sin	d in the above statementity of official business	Meals Am The substitution of the substitution	Other Expenses nount Explanati Reimburseme	nt Due

Substitution form to the Printer of the Regarders done for PRIOS 452 (1976). Complete Att Transon top held of form-Attach Meeting Registration form

Employee Na	ame PYQS	ton Gra	ves	Date	Submitted	09	116125	
	Site SIM		ementai					
	eting/Confer		achky	imbassa				
Date(s) of M	eeting/Confe	rence 1011	5 25		ture Time 🛂			me 4 pw1
Place of Mee	eting/Confere	And Logica	sower Bi	vilding -	300 SO	Werwo	Blvd. Fro	Inkfort Ky
Rationale for	r Attendance	UM DOT 1	AUDI ITEC	TIPING WIT	IN FU	VN	s coinable	an alumni
Expenses pa		BDM PD [□ Spec Ed □ K	ETS Other (MUST Speci	fy) <u>- </u>	= ISTAIN	VIJENIS III
Estimated Ex	kpenses:							
Registratio	n Lodgi	ng Me See policy				bstitute 10 per day	Other	Total Est. Expenses
	ntendent App	roval: ot Approved	Supe	Grant/A	Sh	Require	ed if Expenses are P	aid by Grant Funds 9/18/25 Date
articinal	required rece	lots and signatur	ES. 11W	AAFF FVI	-140-11		Q 7 . Q	IT REQUEST
*** Per Board Date	# Miles	nd 03.225: "Out-of Charge @ \$.43	i-District Travel Rein Lodging	nbursements MUS Meals	T be submitte Amount	Other Ex	hirty (30) days of the penses Explanation	he travel return date.** Total
*** Per Board	Policy 03.125 a	nd 03.225: "Out-of Charge @	-District Travel Rein			Other Ex	penses	
*** Per Board	Policy 03.125 a	nd 03.225: "Out-of Charge @	-District Travel Rein			Other Ex	penses	
*** Per Board	Policy 03.125 a	nd 03.225: "Out-of Charge @	-District Travel Rein			Other Ex	penses	
Affidavit: I her employee of scharges qualif	# Miles # Diles # Miles reby certify that Simpson County in grow reimbur	charge @ \$.43 all expenses include Schools in the carsement from the Schools	Lodging Lodging ded in the above stapacity of official businesson County Board	Meals atement were incursiness; that they are dof Education; a	Amount	Reir	penses Explanation mbursement Du	Total
Affidavit: I her employee of scharges qualif	# Miles # Miles reby certify that Simpson County ying for reimbur there within is t	all expenses included Schools in the case of the schools in the case of the school of	Lodging Lodging ded in the above sta	Meals atement were incursiness; that they are dof Education; a	Amount	Reir	penses Explanation	Total
Affidavit: I her employee of scharges qualif	# Miles # Miles reby certify that Simpson County Tying for reimbur There within is t	all expenses included Schools in the case of the schools in the case of the school of	Lodging Lodging ded in the above stapacity of official businesson County Board	Meals atement were incursiness; that they are dof Education; a	Amount	Reir	penses Explanation mbursement Du	Total

Employee Name		Date Subn	nitted OC+-	6,2025
Name of Meeting/Conference	e Scott Trimble)		
Date(s) of Meeting/Conferen	ice Oct 21-28, 2	025 Departure Ti	ime <u>(0:00</u>	Return Time 6:00
Place of Meeting/Conference			lana	
Rationale for Attendance	Assessment Con	lesena	habb	
Expenses paid by:	OM □ PD □ Spec Ed □	KETS LY Other (MUST	Specify)	
Estimated Expenses:				
Registration Lodging 225.00 39.00	See policy on back* \$0.43	lleage Airfare per mile	Substitute \$100 per day	Other Total Est. Expenses
Principal Signature: Prior Superintendent Approv Approved Not A Reason	approved	Grant/Admin		penses are Paid by Grant Funds Ports Date
Submit this seation upon as		AVEL EXPENS	F REIMBURS	EMENT REQUEST
	33.225: "Out-of-District Travel Re	elimbursements MUST be su	bmitted within thirty (3 Other Expenses	0) days of the travel return date.*** Total
*** Per Board Policy 03.125 and 0	23.225: "Out-of-District Travel Re Charge @ Lodging \$.43	Meals Ar	bmitted within thirty (3 Other Expenses	0) days of the travel return date.*** Total
### Per Board Policy 03.125 and 0 Date # Miles 0	23.225: "Out-of-District Travel Re Charge @ Lodging \$.43	Meals Ar	bmitted within thirty (3 Other Expenses	0) days of the travel return date.*** Total 95.40
### Per Board Policy 03.125 and 0 Date # Miles 0	23.225: "Out-of-District Travel Re Charge @ Lodging \$.43	Meals Ar	bmitted within thirty (3 Other Expenses	0) days of the travel return date.*** Total
### Per Board Policy 03.125 and 0 Date # Miles 0 10 - 21 - 25 13 0	23.225: "Out-of-District Travel Re Charge @ Lodging \$.43	Meals Ar	bmitted within thirty (3 Other Expenses	0) days of the travel return date.*** Total 95.40
### Per Board Policy 03.125 and 0 Date # Miles 0 10 - 21 - 25 13 0	23.225: "Out-of-District Travel Re Charge @ Lodging \$.43	Meals Ar	bmitted within thirty (3 Other Expenses	0) days of the travel return date.*** Total 95.40
### Per Board Policy 03.125 and 0 Date # Miles 0 10 - 21 - 25 13 0	23.225: "Out-of-District Travel Re Charge @ Lodging \$.43	Meals Ar	bmitted within thirty (3 Other Expenses	0) days of the travel return date.*** Total 95.40
### Per Board Policy 03.125 and 0 Date # Miles 0 10 - 21 - 25 13 0	23.225: "Out-of-District Travel Re Charge @ Lodging \$.43	Meals Ar	bmitted within thirty (3 Other Expenses	0) days of the travel return date.*** Total 95.40
Date # Miles 10 - 21 - 25 130 Affidavit: I hereby certify that all eemployee of Simpson County Sch	23.225: "Out-of-District Travel Residence (a) \$.43 Lodging (b) \$.69 Lodging (c) \$.60 Lodging (c) \$.69 Lodgin	Meals An 40.00	Other Expenses nount Expla Reimburse	0) days of the travel return date.*** Total 95.40
### Per Board Policy 03.125 and 0 Date # Miles 10 - 21 - 25	23.225: "Out-of-District Travel Residence (2015) Charge (2015) 5.43 Lodging 5.5,90 (2) (2) (3) (4) (5) (5) (6) (7) (7) (8) (8) (8) (9) (9) (9) (9) (9	Meals An 40.00 20.00 An	Other Expenses nount Expla Reimburse	Total 95.90 15.90 171.80
Date # Miles Da	23.225: "Out-of-District Travel Residence (2015) Charge (2015) 5.43 Lodging 5.5,90 (2) (2) (3) (4) (5) (5) (6) (7) (7) (8) (8) (8) (9) (9) (9) (9) (9	Meals An 40.00 20.00 20.00 white the sum of Education; and that wledge.	Other Expenses nount Expla an Reimburse all Central Office	Total 95.90 15.90 171.80
Date # Miles Date # Miles Date	23.225: "Out-of-District Travel Residence (2015) Charge (2015) 5.43 Lodging 5.5,90 (2) (2) (3) (4) (5) (5) (6) (7) (7) (8) (8) (8) (9) (9) (9) (9) (9	Meals An 40.00 20.00 An	Other Expenses nount Expla an Reimburse all	Total 95.90 15.90 171.80