Employee Name School/Work Site Name of Meeting/Conference Date(s) of Meeting/Conference Place of Meeting/Conference Rationale for Attendance Expenses paid by: SBDM □ PD □ Sp	Date Subm ERM FRC ON RI A C MEE Departure Tin B B C C C C C C C C C C C C C C C C C	Phing me 10:15 Return Time 1:30
Estimated Expenses:		•
Registration Lodging Meals See policy on bace Principal Signature:	Mileage Airfare \$0.43 per mile Grant/Admin:	Substitute Other Total Est. Expenses \$100 per day Required if Expenses are Paid by Grant Funds
Not Approved	5 t 81	10/04/28
Reason	Superintendent Signature	Date
Submit this section upon returning. Include any original required receipts and signatures.	I NAVEL EXPENSE	REIMBURSEMENT REQUEST
Date # Miles Charge @ L	odging Meals	Other Expenses Ount Explanation Total
Charge @	odging Meals	Other Expenses Total
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Employee Name	Dryan Jone	es	Date	Submitted		10 13 2	
Employee Name School/Work Site	F2H2	7 - 1	10.1	- 1 - 1 -	C. C	cane.	
School/Work Site Name of Meeting/Confer Date(s) of Meeting/Confe	ence Regio	~ L Fall	Leads	ers mip	CONT.	a ericc	7'00
Date(s) of Meeting/Confe	erence 1017	1/11	Departu	ure Time _	7.30	Return Time	
Place of Meeting/Confere	ence W	KU	1 1	<u></u>	Ha a 1.	7	COP
Rationale for Attendance	Juperv,	Sidn of	stude	US a	bera.	ng conter	ence
Expenses paid by:	SBDM □ PD □ Spe	c Ed	□ Other (M	/IUST Speci	ify)		
Estimated Expenses:							
Registration Lodgi	ng Meals See policy on back	Mileage * \$0.43 per mile	Airfar		ibstitute 00 per day	Other T	otal Est. Expenses
Principal Signature:	K		Grant/Ad	dmin:		if Expenses are Paid	by Grant Funds
Prior Superintendent App		/			Required	in Expenses are raid	1.1.4/-
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Reason		Superinter	ndent Signa				
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Employee Signature		ı	Date	1	Count		as accept and acceptance
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Supervisor Signature			Date	****	CHUADOR	ovai	a di

Superintendent for PRIOR APPROVAL. Complete ALL items on top half of form. Attach Meeting Registration Form

Supervisor Signature

Employee Name Shall Ma	nnDate Submitted 09 19 7075
School/Work Site	
Name of Meeting/Conference ADHD	Conference
Date(s) of Meeting/Conference 09 7	Departure Time 3000 Return Time 930 ph
Place of Meeting/Conference GULTC	
Rationale for Attendance Improving	Understanding of Ow ADHO
Expenses paid by:	Spec Ed □ KETS ☑ Other (MUST Specify) <u>S60 M</u>
<u>Estimated Expenses</u> :	
Registration Lodging Meals See policy on	
Principal Signature: Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	9/2/3
Reason	Superintendent Signature Date
Submit this section upon returning, include	Management of the Control of the Con
original required receipts and signatures.	
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Employee Name Shalee Mann	Date Submitted 09/24/2025	
School/Work Site FSHS		
Name of Meeting/Conference Ken Way	Interchange	_
Date(s) of Meeting/Conference Dec3-4-5	Departure Time $\underline{\Lambda 000}$ Return Time $\underline{3pm}$	
Place of Meeting/Conference OMNI Hote		
Rationale for Attendance Incruse		
Expenses paid by:	☐ KETS ☐ Other (MUST Specify)	
Estimated Expenses:		
Registration Lodging Meals See policy on back*	Mileage Airfare Substitute Other Total Est. Exper \$0.43 per mile \$100 per day	nses
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Principal Signature:	Grant/Admin: Required if Expenses are Paid by Grant Funds	
Prior Superintendent Approval:	Required II Expenses are Paid by Grant Funds	
Approved Not Approved	Superintendent Signature Dat	
Reason	Superintendent Signature Dat	
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Employee Name	nie Manin	Date	e Submitte	d 10/14/25	
School/Work Site Simpler	Element	XY		K	
Name of Meeting/Conference	SNA Mas	agers +	tetre	ext	
Date(s) of Meeting/Conference		Depart	ture Time	2:00pm_Return	Time <u>4:00pm</u>
Place of Meeting/Conference 50		4		^	
Rationale for Attendance	ial confere	ie Hray	ning	to munag	en
	IPD □ Spec Ed □ K	ETS Other (I	MUST Spe	cify) todaser	VICE
Estimated Expenses:		V			
	Meals Mile \$0.43 p			ubstitute Other 100 per day	Total Est. Expenses 419.72
531.12	0:00				
Principal Signature: Prior Superintendent Approval: Approved Not Approval Reason		Grant/A	M	Required if Expenses are	Paid by Grant Funds
original required receipts and s					
Per Board Policy 03.125 and 03.225 Date # Miles Charge \$.45	e @ Lodging	mbursements MUS	T be submitt Amour	Other Expenses	the travel return date.*** Total
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Supreminites retain to the Principles and Supreminites retains for BUICR APPREMAN.

Complete ALL items on top half of form.

Attach Meeting Registration Form

Employee Name April Mc Naughton	Date Submitted 9 29 2025
School/Work Site	
Name of Meeting/Conference ECC Conference	COPY
Date(s) of Meeting/Conference 11 23 2035 Do	eparture Time 7:00 Return Time 7:00
Place of Meeting/Conference Galt blouse	
Rationale for Attendance <u>presenting</u>	- C V TC
Expenses paid by: SBDM PD Spec Ed KETS Oth	ner (MUST Specify)
Estimated Expenses:	
Registration Lodging Meals Mileage See policy on back* \$0.43 per mile	Airfare Substitute Other Total Est. Expenses \$100 per day
Principal Signature: Gra	int/Admin:
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	8/1 9/50/29
Reason Superintendent	Signature Date
Submit this section upon returning, Include any original required 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.*** Other Expenses
	Ottle: Expelises
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OUT-OF-DISTRICT TRAVEL AUTHORIZATION COPY

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Employee Name Upr	il Mc	Naught	Dat	e Submitted	10/14/20	25
a to to to the desired	KINIONA	o, Tra	www (enter	+ +	
Name of Meeting/Confer	rence CONA	scious)	Niociple	ne area	marion	7:00 :
Date(s) of Meeting/Confe	erence Nov	30-Dec 2	Depar	ture Time / 🗡	Retuin i	ime 7:00 pm
Place of Meeting/Confere	ence <u>May</u>	40-Unde	rwood	Bulde	ng Frank	Gort
Rationale for Attendance	_ onsit	e orien	tation	train	nore	
Expenses paid by:	SBDM □ PD	☐ Spec Ed ☐	KETS 🗹 Other (MUS1 Specify)	- KIL	
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300	100.	00				4,00.00
Principal Signature:			Grant/ <i>l</i>	\dmin:		18
Prior Superintendent App			1	-010	Required if Expenses are	Paid by Grant Funds
N	ot Approved			She		10/19/20
Reason		Sup	erintendent Sigr	nature		Date
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Employee N	ame S	an No	othern	Dat	e Submitte	d 9/	11/25	
School/Mar	k Site	SALS						
Name of Me	eting/Confere	ence Cont	inuous	Improvame	nt	,		
Date(s) of M	leeting/Confe	rence Say &	21-23	Depar	ture Time	9/21 6	Return Time	e 9/27 @6p
Place of Mee	eting/Confere	nce Lexi	ngton	KY				
Rationale fo	r Attendance	Trotas	sional E	Yowth		Th		
Expenses pa	id by: 🔲 S	BDM □ PD	□ Spec Ed □ I	KETS ☑ Other	(MUST Spec	ify) 164		
Estimated Ex	xpenses:							
Registratio	n Lodgir	.0		eage Airf		u bstitute 100 per day	Other T	otal Est. Expenses
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Neason			Sup	erintendent sig				
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Employee Name	elym tr	Hes	Date	e Submitte	ed 01	4/25	
School/Work Site	middle	School					
Name of Meeting/Conf	erence KS1	NA Mun	agers 1	Retre	eat		Atron
Date(s) of Meeting/Con	ference 10/20	-10/35/52	Depar	ture Time	2:00pr	Return Tin	ne 4:00pm
Place of Meeting/Confe	erence Som	erset, K	Υ		^		
Rationale for Attendance						nanage	20
Expenses paid by:	SBDM □ PD	☐ Spec Ed ☐ K	TS Other (MUST Spe	cify)	DOMEN	The
Estimated Expenses:							
Registration Lod	00	eals Mile y on back* \$0.43 pe			Substitute 3100 per day	Other	Total Est. Expenses
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Principal Signature Prior Superintendent A		NOSO	Grant/F	Admin:	Require	d if Expenses are Pa	id by Grant Funds
Approved			4	1/1	(25/41/01
		Supe	rintendent Sigr	nature			Date
Submit this section upo original required re-			VEL EXP	ENSE F	EIMB	JRSEMEN [®]	FREQUEST
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*** Per Board Policy 03.125	and 03.225: "Out-o	f-District Travel Rein	bursements MUS	T be submit	ted within the	nirty (30) days of the penses	e travel return date.***
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Date # Miles Affidavit: I hereby certify th	Charge @ \$.43	Lodging Lodging ded in the above sta	Meals Meals tement were incur	Amou	Other Exp	nirty (30) days of the penses	Total
Date # Miles Date # Miles Affidavit: I hereby certify themployee of Simpson Coun	Charge @ \$.43 at all expenses incluty Schools in the ca	Lodging Lodging ded in the above starpacity of official bus	Meals Meals tement were incursiness; that they a	Amount Am	Other Exp	enses Explanation	Total
Date # Miles Affidavit: I hereby certify th	charge @ \$.43 at all expenses incluty Schools in the captured	Lodging Lodging ded in the above starpacity of official bus	Meals Meals tement were incursiness; that they are of Education; a	Amount Am	ted within the Other Export	enses Explanation	Total
Date # Miles Date # Miles Affidavit: I hereby certify themployee of Simpson Councharges qualifying for reimb	charge @ \$.43 at all expenses incluty Schools in the captured	Lodging Lodging ded in the above starpacity of official bus	Meals Meals tement were incursiness; that they are of Education; a	Amount Am	ted within the Other Export	eirty (30) days of the penses Explanation	Total
Date # Miles Date # Miles Affidavit: I hereby certify themployee of Simpson Councharges qualifying for reimb	charge @ \$.43 at all expenses incluty Schools in the captured	Lodging Lodging ded in the above starpacity of official bus	Meals Meals tement were incursiness; that they are of Education; a	Amount Am	ted within the Other Export	eirty (30) days of the penses Explanation	Total
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	- 11	12 1/2	5
Employee Name Sarah Riva	Date S	ubmitted 10 14 2	2
School/Work Site Corral O	thic		2
Name of Meeting/Conference Kynka	managers te	reat	
Date(s) of Meeting/Conference 10/20-19	Departur	re TimeReto	urn Time
3	erset, Ky	3	0 - 21
Rationale for Attendance		ving for man	ages
Expenses paid by: SBDM 🗖 PD 🔲 Spe	ec Ed D KETS D Other (M	UST Specify)	ENIC
Estimated Expenses:	<u> </u>		
Registration Lodging Meals See policy on back 2,038.32 Principal Signature: Prior Superintendent Approval:	Mileage Airfare	\$100 per day With hay ore nin:	
Approved Not Approved		M	10 109 105
Reason	Superintendent Signat	ure	Date
Submit this section upon returning. Include any original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District Date # Miles Charge @ \$.43	I RAVEL EXPER	SE REIMBURSEN e submitted within thirty (30) da Other Expenses Amount Explanation	ys of the travel return date.*** Total
Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpso data furnished here within is true and correct to the bes	of official business; that they are in County Board of Education; and	central Office Use	
employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson	of official business; that they are in County Board of Education; and	proper that all	

Supervisor Signature

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

School/Work Site From Klin Simpson High School Name of Meeting/Conference FDLA President Meeting Off	ime 8 00 Return Time 2 30
Estimated Expenses:	
Registration Lodging Meals Mileage Airfare See policy on back* \$0.43 per mile Principal Signature:	Substitute Other Total Est. Expenses \$100 per day : Required if Expenses are Paid by Grapt Funds
Approved Not Approved	of alulac
Reason Superintendent Signature	Date
Submit this section upon returning, include any original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be sull provided in the control of the c	E REIMBURSEMENT REQUEST bmitted within thirty (30) days of the travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be sul	bmitted within thirty (30) days of the travel return date.*** Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be sul	bmitted within thirty (30) days of the travel return date.*** Other Expenses
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be sul	bmitted within thirty (30) days of the travel return date.*** Other Expenses Total
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**** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be sult Date # Miles Charge @ \$.43 Lodging Meals An	Other Expenses nount Explanation Reimbursement Due
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be sult Date # Miles Charge @ \$.43 Lodging Meals An	Other Expenses nount Explanation Reimbursement Due

Date

CFO Approval

Employee Name Sue Si	Nift	Date Submitted	10/14/212	COPY
School/Work Site Linco		<u> </u>	4	
Name of Meeting/Conference		ell Roma	+	
Date(s) of Meeting/Conference	10/20-10/22/25	Departure Time $\overline{2}$	Return Tir	ne <u>4:04m</u>
Place of Meeting/Conference	Somerlet, Ky		2	
Rationale for Attendance	vual conference	/training t		N
Expenses paid by: SBDM	1 □ PD □ Spec Ed □ KETS	Other (MUST Speci	fy) poolsen	1100
Estimated Expenses:				
Registration Lodging	Meals Mileage See policy on back* \$0.43 per mil		bstitute Other 30 per day	Total Est. Expenses 419.72
Principal Signature: Prior Superintendent Approval Approved Not Ap		Grant/Admin:	Required if Expenses are Pa	aid by Grant Funds
Reason		endent Signature		Date
Date # Miles Ch			Other Expenses	
employee of Simpson County School	penses included in the above statements in the capacity of official busines	s; that they are proper	Reimbursement Due	
employee of Simpson County School charges qualifying for reimbursemen	penses included in the above statements of the capacity of official busines at from the Simpson County Board of the correct to the best of my knowledge	s; that they are proper f Education; and that all	Reimbursement Due	
employee of Simpson County School charges qualifying for reimbursemen	ols in the capacity of official busines It from the Simpson County Board of	s; that they are proper f Education; and that all e.		

Superintendent for PRIOR APPROVAL.

Complete AU. Items on top half of form.

Attach Meeting Registration Form

Employee Name Stacy Vaus	ghn	Date Sub	mitted	9/11/2025	
School/Work Site Simpson Co	unty Schools				
Name of Meeting/ConferenceCont	inuous Impr	ovement	Confi	erence	
Name of Meeting/Conference Cont. Date(s) of Meeting/Conference Sept.	21-23	Departure T	ime <u>9/2/</u>	Return Tim	e <u>9/230 Gpm</u>
Place of Meeting/Conference <u>Lexing</u> Rationale for Attendance <u>Profession</u>	gton, Ky nal Dev., Co	arriculum	4 Asse	essment upda	<u> </u>
Expenses paid by: SBDM PD I	☐ Spec Ed ☐ KETS	☑ Other (MUST	「Specify) _	Ta	
Estimated Expenses:					
Registration Lodging Me See policy		Airfare	Substite \$100 per		Total Est. Expenses
Principal Signature:Prior Superintendent Approval: Not Approved Reason	Superinte	Grant/Admin	SW.	Mu Smill quired if Expenses are Paid	by Grant Funds 9/18/25 Date
*** Per Board Policy 03.125 and 03.225: "Out-of Date # Miles \$.43	-District Travel Reimburse	ements MUST be su	ıbmitted wit	IBURSEMENT hin thirty (30) days of the er Expenses Explanation	
Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the call	pacity of official business;	; that they are pro	рег	Reimbursement Due	
charges qualifying for reimbursement from the S data furnished here within is true and correct to the state of the state o	he best of my knowledge.	1/11/2025	Cent	ral Office Use:	
Employee Signature		Date	Codi		
Supervisor Signature	1	Date	CFO	Approval	

Superintendent for PRIOR APPROVAL.
Complete ALL items on top half of form.
Attach Meeting Registration Form

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Laura Miller.	WelshDate Su	bmitted	9/29/202	5000
School/Work SiteRTC				OPY
Name of Meeting/Conference <u>FF EC/</u>				1:70
Date(s) of Meeting/Conference $\frac{11/3-5/20}{2}$		Time 12.00		6.00
Place of Meeting/Conference/ Arrist	- Lexington	Griffes + +	Gate	
Rationale for Attendance Early Child	hosa einste	cute of	reserve	
Expenses paid by:	KETS Other (MU	ST Specify)	C	<u> </u>
Estimated Expenses:				
Registration Lodging Meals See policy on back* 100.00	Mileage Airfare \$0.43 per mile	Substitute \$100 per day		125.00
Principal Signature: Prior Superintendent Approval: Approved Not Approved	Grant/Adm	in:Required	if Expenses are Paid	by Grant Funds
Reason	Superintendent Signatu	re		Date
original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District Tra Date # Miles Charge @ Lodging \$.43	ng Meals	submitted within thi Other Expe	rty (30) days of the t	
Affidavit: I hereby certify that all expenses included in the a	bove statement were incurred ficial business: that they are p	by all	oursement Due	
Affidavit: I hereby certify that all expenses included in the a employee of Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson Coudata furnished here within is true and correct to the best of response of the capacity of th	ficial business; that they are p unty Board of Education; and th	roper	Ļ	
employee of Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson Coudata furnished here within is true and correct to the best of response to the best of response to the second	ficial business; that they are p unty Board of Education; and th	roper nat all	Ļ	
employee of Simpson County Schools in the capacity of of	ficial business; that they are punty Board of Education; and they knowledge.	roper nat all Central Of	Ļ	

Submit this form to the Principal and Supremieran dustrior BRIGER APPROVAL.

Complete ALL items on top half of form.

Attach Meeting Registration Form

Imployee Name Lucra Miller-Welsh Date Submitted 9/29/2025
chool/Work SiteRTC
Name of Meeting/Conference <u>ECC Conference</u> Departure Time 7:00 Return Time <u>5:00</u>
pate(s) of Meeting/Comerence
Place of Meeting/Conference Galt House COPY
xpenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) RTC
xpenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify)
stimated Expenses:
Registration Lodging Meals Mileage Airfare Substitute Other Total Est. Expenses \$100 per day Final Signature: Grant/Admin:
Required if Expenses are Paid by Grant Funds
Approved Not Approved 9/30/35
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
Date # Miles 642 Codging Means Amount Explanation
Date # Miles \$.43 Lodging Wears Amount Explanation
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S.43 Amount Explanation S.43 Amount Explanation Reimbursement Due
ffidavit: 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
ffidavit: 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 ata furnished here within is true and correct to the best of my knowledge. Reimbursement Due Central Office Use:
ffidavit: 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 ata furnished here within is true and correct to the best of my knowledge. Reimbursement Due Central Office Use:
ffidavit: 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
ffidavit: 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 ata furnished here within is true and correct to the best of my knowledge. Reimbursement Due Central Office Use:

Employee Name Kim Whither	Date Submitted9 - 11 - 25
School/Work Site (20 EDGE	
Name of Meeting/Conference Contin	nous Improvement
Date(s) of Meeting/Conference $9/22$	1/23/25 Departure Time 6:00AM Return Time 6:00 PM
Place of Meeting/Conference Lexing	
Rationale for Attendance Profession	nel gnowth
Expenses paid by: SBDM DPD DSp	c Ed
Estimated Expenses:	
Registration Lodging Meals See policy on bar	Mileage Airfare Substitute Other Total Est. Expenses * \$0.43 per mile \$100 per day
Principal Signature:	Grant/Admin: Grant/Admin:
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	9/48/25
Reason	Superintendent Signature Date
Charge @	TRAVEL EXPENSE REIMBURSEMENT REQUEST t Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.*** dging Meals Other Expenses Amount Explanation Total
Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity	of official business; that they are proper
charges qualifying for reimbursement from the Simps data furnished here within is true and correct to the be	of my knowledge. Central Office Use:
Kim Whitney	
Employee Signature	Date Coding
Maylin Small	

Employee Name Leah Wood	Date Submitted 9 11 25			
School/Work Site <u>LES</u>				
Name of Meeting/ConferenceContin	uous Improvemen	<i>t</i>		
Date(s) of Meeting/Conference $\frac{Q.Q1-Q.}{}$		ne <u>Loam</u> Return Time <u>L</u>	opm_	
Place of Meeting/Conference Lexingto	o, Ky			
Rationale for Attendance Professiona	1 Growth			
Expenses paid by:	ec Ed 🛭 KETS 🗹 Other (MUST S	Specify) T&		
Estimated Expenses:				
Registration Lodging Meals	Mileage Airfare		Est. Expenses	
See policy on back	k* \$0.43 per mile	\$100 per day	ما0.7ء	
Principal Signature:	Grant/Admin:			
Prior, Superintendent Approval:	10	Required if Expenses are Paid by G	rant Funds	
Approved Not Approved	- Mr	<u>(</u>	9/18/2	
Reason	Superintendent Signature		Date	
entropy in section about manifer the best of the section of the se		REIMBURSEMENT RE mitted within thirty (30) days of the travel Other Expenses		
Date # Miles Charge @ Lo	odging Meals Am	ount Explanation	Total	
		. Reimbursement Due		
Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity	the above statement were incurred by a of official business; that they are prope	11		
charges qualifying for reimbursement from the Simpso data furnished here within is true and correct to the bes	n County Board of Education; and that a	Central Office Use:		
(Yould / Le bood	911125			
Employee Signature	Date '	Coding		
Supervisor Signature	Date	CFO Approval		