Submit this form to the Principal and Superintendent for PRIOR APPROVAL Complete ALL items on top helf of form.

Attend Wiceling Registration Form

SIMPSON COUNTY SCHOOLSCOTY OUT-OF-DISTRICT TRAVEL AUTHORIZATION

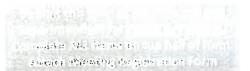
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Employee Name Chelsea Adams	Date Submitte	ed 10 30 25	
School/Work Site FS/+S		(12)	
Name of Meeting/Conference Fall Inst-1	tute		4 (1.0.000
Date(s) of Meeting/Conference	Departure Time	7:30 Return Tim	e 4:00PW
Place of Meeting/Conference Lexington,	¥Y		
Rationale for Attendance Mandatory Fr Expenses paid by: SBDM PD Spec Ed C	eys c Training	· 1412114-11	5011-179 W
Expenses paid by: 🔲 SBDM 🔲 PD 🔲 Spec Ed 🗆	KETS LI Other (MUSI Spe	(CITY) 0102101	500 1001
Estimated Expenses:			
L RESISTIATION	13 per mile \$	Substitute Other T	Total Est. Expenses
Principal Signature:	Grant/Admin:	Bequired if Expenses are Paid	by Grant Funds
Prior Superintendent Approvel:	1511	Todalica ii expenses are rais	1/2/20
Approved Not Approved	8/2		Date
ReasonSi	perintendent 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	RAVEL EXPENSE R		
Date # Miles \$.43 Lodging	Meals Amour	Other Expenses	Total
244			
344			
Affidavit: I hereby certify that all expenses included in the above	statement were incurred by an	Reimbursement Due	
omployee of Simpson County Schools in the capacity of official	business; that they are proper		
charges qualifying for reimbursement from the Simpson County data furnished here within is true and correct to the best of my kr	owledge.	Central Office Use:	
	Date	Coding	
Employee Signature	Date		
Supervisor Signature	2 8	CFO Approval	

Employee N	lame <u>Ch</u>	e 519 /-	ldams	Da	te Submitt	ed D	30/25		
School/Wor	rk SiteF_S	H5			10		1		
Name of Mo	eeting/Confe	rence <u>FP</u>			Regio				
Date(s) of N	/leeting/Conf	erence 18	17/25	Depa	rture Time	7:30	Return T	me <u>3:30</u>	
		ence Bara	foot Re		amp	+ Pet1	reat Cer	nter-Four	nta KY
Rationale fo	or Attendance		atory	FRYSC	mee	Hng			
Expenses pa	aid by:	SBDM □ PD	☐ Spec Ed ☐	KETS DOther	(MUST Sp	ecify) <u>() 4</u>	02104-	0580-12	18.
Estimated E	xpenses:								
Registratio	on Lodgi		y on back* \$0.43	leage Airf		Substitute \$100 per day	Other	Total Est. Expens	ses
Principal Sig	nature:			Grant/	Admin:	In	200		
	ntendent App	roval.		1 -	-01	Required	f Expenses are P	aid by Grant Funds	
Appro	ved N	ot Approved		4	hl'	~		11/3/25	
Reason	L		Sup	erintendent Sig	nature		74	Date	
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*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Re	imbursements MUS			ty (30) days of th	e travel return date	
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		nd 03.225: "Out-o				ted within thir Other Expe	ty (30) days of th	•	
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Re	imbursements MUS	ST be submit	ted within thir Other Expe	ty (30) days of th	e travel return date	
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Re	imbursements MUS	ST be submit	ted within thir Other Expe	ty (30) days of th	e travel return date	
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Date

CFO Approval

Supervisor Signature



Supervisor Signature

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION PY

Date

CFO Approval



Employee Name Constance	Bland Date Submitte	ed0U. X-1-33
School/Work Site FSUS W	× .	
Name of Meeting/Conference	uel INS. confession	1
Date(s) of Meeting/Conference	. リか - フかーZOLS Departure Time	Return Time 1130 PM
Place of Meeting/Conference	at Res. Ysington	
Rationale for Attendance	: SAIL CONTENCE S	State
Expenses paid by:	☐ Spec Ed ☐ KETS	cify) FSUS Y8C
Estimated Expenses:		
		Substitute Other Total Est. Expenses
Principal Signature: Mullaux	Grant/Admin:	
Prior Superintendent Approval:	1-10	Required if Expenses are Paid by Grant Funds
Approved Not Approved	SW	10 27 25
Reason	Superintendent Signature	Date
exign characteristics are expensed as the larger of the second se	204922	EIMBURSEMENT REQUEST red within thirty (30) days of the travel return date.***
Date # Miles Charge @ \$.43	Lodging Meals Amoun	Other Expenses Total
• '		
Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the cap	pacity of official business; that they are proper	Reimbursement Due
charges qualifying for reimbursement from the S data furnished here within is true and correct to t		Central Office Use:
Constance (Bit)	10/27/25	
Employee Signature	Date	Coding

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

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Employee Name ET	CA CA	SADY	Date Su	ubmitted	0116125	
School/Work Site PS+	P					
Name of Meeting/Confere	nce Scota	Mimble		4	- 0.	/ \ 000
Date(s) of Meeting/Confer	ence 10177-K	202 8510	<u>Departur</u>	e Time	Return Tim	ne (0 (00)
Place of Meeting/Conferen		10, PA	1 -			
Rationale for Attendance	Professio		rowth		. 80202	
Expenses paid by:	BDM □ PD □ Sp	ec Ed 🔲 KETS	Other (MU	JST Specify)	OUPD	
Estimated Expenses:						
Registration Lodgin Principal Signature: Prior/Superintendent Appr	See policy on bad	Mileage ck* \$0.43 per mile	Airfare Grant/Adn	Substif \$100 per		id by Grant Funds
Approved No			1	\mathcal{M}		10/20
ReasonNo		Superinte	ndent Signati	ure		Date
*** Per Board Policy 03.125 an Date # Miles	ોક્ર સામે કોલાકાઇમક્ક. d 03.225: "Out-of-Distr Charge @	ict Travel Reimburse		submitted wit	ABURSEMEN thin thirty (30) days of the er Expenses Explanation	
Affidavit: I hereby certify that a employee of Simpson County Scharges qualifying for reimburs data furnished here within is tru	Schools in the capacity ement from the Simpso	of official business; on County Board of E	that they are	proper hat all	Reimbursement Due	
						-
Employee Signature		[Date	Cod	ing	The state of the s
Supervisor Signature		Г	Date		Approval	O september 1

Successible dates for the section of the section of

SIMPSON COUNTY SCHOOLS COPY OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name	Euns	. .	Dat	e Submitted _	10/23/25	
School/Work Site	545	Nost C	anpos 1	Lugeon		
Name of Meeting/Confe	rence	+11 F	FA 60	nv		
Date(s) of Meeting/Confe	erence 10/	29-10/	タ /Depar	ture Time $\underline{\mathcal{S}}$	Return Tim	e 3:00 P
Place of Meeting/Confer	ence Lnu	in a pol	5 / N			
Rationale for Attendance	5 tud	ent A.	chierre	nt	P. 11	
Expenses paid by:	SBDM □ PD I	□ Spec Ed □	KETS 🗷 Other	(MUST Specify)	Parkins	
Estimated Expenses:						
Registration Lodg	ing Me See policy		leage Airf	are Subst		Total Est. Expenses
418				30	0	798.86
	61-		Grant/	Admin: FFM		
Principal Signature: Prior Superintendent App	4			20	Required if Expenses are Pai	, ,
Approved			18	hl		11 6 25
Reason		Sur	perintendent Sig	nature		Date
			CASE STATE OF			
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Date # Miles 10/31 10/30 10/31 Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbur	charge @ \$.43 all expenses include Schools in the capsement from the S	Lodging led in the above socity of official bimpson County Bo	Meals 20 90 20 tatement were incursiness; that they are added to Education; a	Amount rred by an are proper and that all	Explanation Explanation Reimbursement Due	
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Supporting and form to the Principal and Supporting and artists PANOR APPROVAL Complete AL Items on top half of form.

Attack Meeting Registration form

SIMPSON COUNTY SCHOOLS COPY OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee N	Iame <u> </u>	cinda Ever	sman		ted 10 11 3 25	
School/Wor	k Site	anklin &	Lincoln De	um Schools		
Name of Me	eeting/Confe	rence ASAP)			
Date(s) of M	leeting/Conf	erenceD	21 25	Departure Time	= 11:15 am_Return Time	e <u>1:30pm</u>
Place of Me	eting/Confer	rence logan	Co. Public	library 225	Armony Dr. Russelli	ville, Ky 4227
Rationale fo	r Attendance	e quartu	Ily Meetin	a m several	a use presention	
Expenses pa	aid by: 🛛	SBDM □ PD [☐ Spec Ed ☐ KET	Other (MUST Sp	ecity) TRASC	
Estimated E	xpenses:					
Registratio	on Lodg	ging Me: See policy		mile	Substitute Other To State Stat	otal Est. Expenses
Dringing Cig	nature	gamie	Doal	Grant/Admin:		
	ntendent Ap		1-120	_ 1 _	Required if Expenses are Paid	by Grant Funds
		lot Approved		2181		11/3/25
			Superir	ntendent Signature		Date
		<i>17</i>				
กากโรกิเกลา	स्त्रकाणीत्र्यको स्थ्य	n natumber beled apis and signature	TUAN		REIMBURSEMENT	
Partie and Parties		1 02 225 ((Out of	District Traval Paimbu	reaments MUST he subm	itted within thirty (30) days of the t	ravel return date.***
*** Per Board	Policy 03.125	and 03.225: "Out-of	-District Travel Reimbu		itted within thirty (30) days of the t Other Expenses	200
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Date	# Miles	and 03.225: "Out-of Charge @ \$.43	-District Travel Reimbu	Meals	Other Expenses	Total
Date	# Miles	and 03.225: "Out-of Charge @ \$.43	-District Travel Reimbu	Meals	Other Expenses	Total
Date	#Miles 43	* A A A	-District Travel Reimbu	Meals Amou	Other Expenses unt Explanation	Total 18.49
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Affidavit: I her employee of Scharges qualif	# Miles 43 reby certify that Simpson County ving for reimbu	charge @ \$.43 \$ 8 49 t all expenses include a Schools in the capersement from the Si	Lodging Lodging ed in the above staten	ment were incurred by an ess; that they are proper of Education; and that all	Other Expenses unt Explanation	Total 18.49
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Summer data former due Principal due Superintentiant for <u>PRIOR APPROVAL</u> Complete AU tems on top half of form. Access Meeding Registration Form

SIMPSON COUNTY SCHOOLSCOPY OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Company on the Company of the Compan		1	
Employee Name Main Trasma	Date Submit	ted	
School/Work Site Franklin & Lin	on ten.		
Name of Meeting/Conference #15	- Freysc Fall Institu	ute	. (1
Date(s) of Meeting/Conference	Departure Tim	e <u>3 BM (14)</u> Return T	ime <u>lepm [11]7</u>
Place of Meeting/Conference Remove Conference Conference Remove Rem	uk Center 430.W.	Vine St. lexing	on Ky
Rationale for Attendance _ Qunual FR			
Expenses paid by:	d 🗆 KETS 🍎 Other (MUST Sp	pecify) PRYS.	
Estimated Expenses:	*		
Registration Lodging Meals See policy on back* Abrady Paid \$120.00	Mileage Airfare \$0.43 per mile 346mi	Substitute Other \$100 per day	F148.78
Principal Signature:	Grant/Admin: _	Serviced if Evenences are 5	laid by Grant Funds
Prior Superintendent Approval:	100	Required if Expenses are F	/ /
Approved Not Approved	< 8M		11/3/25
Reason	Superintendent Signature	¥	Date
		DEIRADIIDCERAER	IT DECILIES
Submit: this section ultion returning, include any original required reactivity and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District T	ing Meals	nitted within thirty (30) days of t Other Expenses	
omginal:सक्तामको स्वर्थनेपूर्वः तात्ते जीव्राकारमायः *** Per Board Policy 03.125 and 03.225: "Out-of-District T	ing Meals Amo	oitted within thirty (30) days of the Other Expenses	he travel return date.***
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Affidavit: I hereby certify that all expenses included in the appropriate of Simpson County Schools in the capacity of County School in the County School in the County School in the County School in the County	ing Meals Amo	Other Expenses unt Explanation Reimbursement Du	Total
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Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson Codata furnished here within is true and correct to the best of	meals Amo Amo above statement were incurred by an official business; that they are proper punty Board of Education; and that all	Other Expenses Funt Explanation Reimbursement Du	Total
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CFO Approval

Employee Name	1 Honone	Date Sub	mitted 1127/84	COPT
School/Work Site 51 m	DSM DH	M TRU		
Name of Meeting/Conference	le leason	all FRYSC	- Meeting	
Date(s) of Meeting/Conferen	ce 11-14-25	Departure 1	Time Return Tir	me 4:00 ph
Place of Meeting/Conference	Baryor K	epublic Co	emp Poundi	on Runk
Rationale for Attendance	1 Magastoni	8-100A MIR	STIME	^ -
Expenses paid by:	M PD Spec Ed	☐ KETS ☐ Other (MUST	T Specify) 565 F	20
Estimated Expenses:				
Registration Lodging	Meals See policy on back*	Mileage Airfare \$0.43 per mile	Substitute Other \$100 per day	Total Est. Expenses
Principal Signature:	Di Bam	Grant/Admir	n:	
Prior Superintendent Approva	al:	1-011	Required if Expenses are Pa	id by Grant Funds
Approved Not A	pproved	J-SM		10 29 25
Reason		Superintendent Signature		Date
and givening an extended the company				
*** Per Board Policy 03.125 and 03	THE RESIDENCE OF STREET	el Reimbursements MUST be su Meals	E REIMBURSEMENT Submitted within thirty (30) days of the Other Expenses mount Explanation	-
*** Per Board Policy 03.125 and 0	3.225: "Out-of-District Trav	el Reimbursements MUST be su Meals	obmitted within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board Policy 03.125 and 03 Date # Miles C Affidavit: I hereby certify that all ex	harge @ Lodging \$.43 Lodging	Meals Meals A Ve statement were incurred by	Other Expenses mount Explanation Reimbursement Due	travel return date.***
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Employee Name _	110)	Ho	noh	VII.	Date Sub	mitted	0/27.	1254	LOP
School/Work Site	Sim	05m	den	en T	m F	RC	Coord	Inat	0 (
Name of Meeting/	Conference _	1044 1	14-N	TVO	Fal	1 1	6+it	ite	21.1 A
Date(s) of Meeting	g/Conference	NOV	4-NOV	7	_Departure	Time <u>M</u>	000	Return Tin	ne 1.30 pm
Place of Meeting/0	Conference _	rixe	noto	Hyatt	Keger) LU C	evinati	m	
Rationale for Atter	ndance	6ta	Fe r	Jan	JOBY	K)	Fall	con	Ference
Expenses paid by:	☐ SBDM	□ PD [☐ Spec Ed נ	KETS 🕼	Other (MUS	Specify)	306) PK	
Estimated Expense	<u> 25</u> :						100510	4-05	180-1291
Registration	Lodging	Me See policy		Mileage 43 per mile	Airfare	Subst \$100 p	t itute per day	Other	Total Est. Expenses
						Site.			
D. i. I. C. water	100 File	08			Cu- u+ (A du- î				
Principal Signature Prior Superintende	1000	YOU			Grant/Admi		Required if Exp	enses are Pai	d by Grant Funds
	Not Appr	roved			-Sh	L			10/29/25
Reason									
Neason			s	uperintend	ent Signatur	e			Date
Reason			S	uperintend	ent Signatur	e			Date
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*** Per Board Policy 0 Date # M Affidavit: I hereby certific	O3.125 and O3.22 Oiles \$ Sharing the control of the control o	25: "Out-of- rge @ 43	District Travel Lodging	RAVEL Reimburseme Mea	EXPENS Its MUST be series incurred by	SE REII ubmitted w Ott	rithin thirty (30 her Expenses	o) days of the	REQUEST
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Date

CFO Approval

Supervisor Signature