

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 **COPY**

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Chelsea Adams Date Submitted 10/30/25
 School/Work Site ESHS
 Name of Meeting/Conference Fall Institute
 Date(s) of Meeting/Conference 11/5-11/7 Departure Time 7:30 Return Time 4:00pm
 Place of Meeting/Conference Lexington, KY
 Rationale for Attendance Mandatory FRYSO Training
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) 0402104-0580-128M

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>147.92</u>				

Principal Signature: [Signature] Grant/Admin: [Signature]
 Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 10/3/25

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	Amount	Other Expenses Explanation	Total
	<u>344</u>						

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

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name Chelsea Adams Date Submitted 10/30/25
 School/Work Site FSHS
 Name of Meeting/Conference FRYSC Meeting (Regional)
 Date(s) of Meeting/Conference 11/17/25 Departure Time 7:30 Return Time 3:30
 Place of Meeting/Conference Barefoot Republic Camp & Retreat Center - Fountain Run, KY
 Rationale for Attendance Mandatory FRYSC meeting
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) 0402104-0580-128M

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
			29.24				

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature _____ Date 11/3/25

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.

Central Office Use:

Employee Signature _____ Date _____

Coding _____

Supervisor Signature _____ Date _____

CFO Approval _____

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name Constance Blank Date Submitted Oct. 27th - 2025
 School/Work Site FSMS YSC.
 Name of Meeting/Conference Regional FRJSC Meeting
 Date(s) of Meeting/Conference Nov. 14th - 2025 Departure Time 7AM Return Time 4PM
 Place of Meeting/Conference Base Foot Republic Camp Fawcett Hwy Ky
 Rationale for Attendance FRJSC training
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) FSMS YSC.

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: *Mallory* Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature *J Shl* Date 10/27/25

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 *Constance B* Date 10.27-25

Supervisor Signature _____ Date _____

Central Office Use:

Coding _____

CFO Approval _____

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name Constance Blane Date Submitted Oct. 27-25
 School/Work Site FSUS ysc
 Name of Meeting/Conference fuel inst. conference
 Date(s) of Meeting/Conference Nov. 4th - 7th 2025 Departure Time 12 noon Return Time 7:30 pm
 Place of Meeting/Conference Hyatt Reg. Lexington
 Rationale for Attendance FRASC Fall Conference State
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) FSUS ysc

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>2</u>					

Principal Signature: [Signature] Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 10/27/25

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.

Reimbursement Due

Constance Blane 10/27/25
 Employee Signature Date

Central Office Use:

Coding

Supervisor Signature Date

CFO Approval

COPY

Grant/Admin: John Smith
Required if Expenses are Paid by Grant Funds
Agent Signature: J. Shl Date: 10/20/25

Neanderthal bone sawed into a long, narrow, flat, thin, and
straight, and slightly curved, and slightly curved.

*** 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.***

*** Per Board Policy 05.125 and 05.225: Out-of-District Travel Reimbursements ***							
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						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.

Reimbursement Due

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

SIMPSON COUNTY SCHOOLS COPY

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Sam Evans Date Submitted 10/23/25
 School/Work Site FSHS West Campus Pigeon
 Name of Meeting/Conference Nat'l FFA Conv
 Date(s) of Meeting/Conference 10/29-10/31 Departure Time 8:00 AM Return Time 3:00 PM
 Place of Meeting/Conference Indianapolis, IN
 Rationale for Attendance Student Achievement
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Parkins

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
	418.86	80			300		798.86

Principal Signature: [Signature] Grant/Admin: FFA
 Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved... 11/6/25
 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	# Miles	Charge @ \$.43	Lodging	Meals	Other Expenses Amount	Explanation	Total
10/29				20			
10/30				40			
10/31				20			
Reimbursement Due							80

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Central Office Use:

Employee Signature _____ Date _____

Coding _____

Supervisor Signature _____ Date _____

CFO Approval _____

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

Employee Name Lucinda Eversman Date Submitted 10/ 11/3/25

School/Work Site Franklin & Lincoln Elem Schools

Name of Meeting/Conference ASAP

Date(s) of Meeting/Conference 10/21/25 Departure Time 11:15am Return Time 1:30pm

Place of Meeting/Conference Logan Co. Public Library 225 Armony Dr. Russellville, Ky 42276

Rationale for Attendance quarterly meeting in substance use prevention

Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Frysc

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
			43 miles				\$18.49

Principal Signature: Jamie Neal Grant/Admin: _____

Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds

☒ Approved ☐ Not Approved...  11/3/25

Reason _____ Superintendent Signature _____ Date _____

Submit this section upon returning. Include any official copy of your 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	
10/21	43	\$18.49	—	—	—	—	18.49
Affidavit: I hereby certify that all expenses included in the above statement were incurred by an <div style="float: right;"> Reimbursement Due </div>							18.49

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	1849
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Lucinda Eiraman 11/3/25
Employee Signature Date

Employee Signature Camie Neal Date 11/3/25
Supervisor Signature _____ Date _____

Central Office Use:

1452104-058-129m
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 **COPY**

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lucinda Eversman Date Submitted 11/3/25
School/Work Site Franklin & Lincoln Elem.
Name of Meeting/Conference 11/5-11/7 FRYSC Fall Institute
Date(s) of Meeting/Conference 11/5-11/7 Departure Time 3pm (11/4) Return Time 6pm (11/7)
Place of Meeting/Conference Central Bank Center 430 W. Vine St. Lexington, Ky
Rationale for Attendance Annual FRYSC conference
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) FRYSC

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
<u>already paid</u>		<u>\$120.00</u>	<u>346mi</u>				<u>\$148.78</u>

Principal Signature: Jamie Neal Grant/Admin: JSH
Prior Superintendent Approval: JSH Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature _____ Date 11/3/25

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.

Reimbursement Due

Lucinda Eversman 11/3/25
Employee Signature Date
Jamie Neal 11/3/25
Supervisor Signature Date

Central Office Use:

Coding

CFO Approval

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name Lori Honnell Date Submitted 10/27/25

School/Work Site Simpson Elem FRC

Name of Meeting/Conference Regional FRYSC Meeting

Date(s) of Meeting/Conference 11-14-25 Departure Time 9:00 Return Time 4:00pm

Place of Meeting/Conference Barfoot Republic Camp Foundation Rm Ky

Rationale for Attendance Mandatory State Meeting

Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) SKS FRC

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... [Signature] 10/29/25

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	# 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:

Employee Signature _____ Date _____

Coding _____

Supervisor Signature _____ Date _____

CFO Approval _____

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name Lori Honshell Date Submitted 10/27/25

School/Work Site Simpson Elementary FRC Coordinator

Name of Meeting/Conference Nov 4 - Nov 7 Fall Institute

Date(s) of Meeting/Conference Nov 4 - Nov 7 Departure Time Noon Return Time 7:30 pm

Place of Meeting/Conference Lexington Hyatt Regency Lexington

Rationale for Attendance State Mandatory Fall Conference

Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) SES FRC

Estimated Expenses: 1002104-0580-129M

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... 10/29/25

Reason _____ Superintendent Signature [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	# 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:

Employee Signature _____ Date _____

Coding _____

Supervisor Signature _____ Date _____

CFO Approval _____