

Submit this form to the Principal and Superintendent for PRIOR APPROVAL. Complete All Items on the rest of form. Attention: Missing Registration Form

# SIMPSON COUNTY SCHOOLS

## OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name Lisa Hopson Date Submitted 10/20/25  
School/Work Site FSHS / CTE  
Name of Meeting/Conference HOSA Regional Competitions  
Date(s) of Meeting/Conference 12/17/25 Departure Time 8:00 am Return Time 3:30 pm  
Place of Meeting/Conference SKY CTC, Bowling Green, KY  
Rationale for Attendance Students to compete in healthcare related events  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other Local

### Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.41 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
—	—	—	—	—	<u>\$100.00</u>	—	<u>\$100.00</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 10/23/25

Submit this section with completed, itemized original receipts to the Superintendent.

## 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 @ \$.41	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 \_\_\_\_\_

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

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name Lisa Hopson Date Submitted 10/23/25  
School/Work Site FSHS / CTE dept.  
Name of Meeting/Conference Tour & Admin presentation of Graves Gilbert Clinic  
Date(s) of Meeting/Conference 11/21/25 Departure Time 8:00 AM Return Time 2:30 pm  
Place of Meeting/Conference Graves Gilbert Clinic, Bowling Green, KY  
Rationale for Attendance Offer senior health science students to medical opportunities  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other \_\_\_\_\_

## Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.41 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
—	—	—	<u>Bus</u>	—	<u>\$100.00</u>	—	<u>\$100.00</u>

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
☒ Approved ☐ Not Approved... 10/23/25  
Reason \_\_\_\_\_ Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit this section upon returning. Include any original receipts, receipts and signatures.

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

\*\*\* Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.\*\*\*

Date	# Miles	Charge @ \$.41	Lodging	Meals	Other Expenses Amount Explanation	Total

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

Reimbursement Due

Central Office Use:

Employee Signature

Date

Coding

Supervisor Signature

Date

CFO Approval



# SIMPSON COUNTY SCHOOLS

## OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Monica McKinney Date Submitted 10/16/25  
School/Work Site Simpson Elementary  
Name of Meeting/Conference Scott Trimble  
Date(s) of Meeting/Conference 10/27-28/25 Departure Time 3:00pm Return Time 6:00pm  
Place of Meeting/Conference Louisville, KY  
Rationale for Attendance Professional Growth  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) 00PD

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
		40.-			21.-	2.-	40.-

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
☒ Approved ☐ Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature \_\_\_\_\_ Date 10/20/25

# TRAVEL EXPENSE REIMBURSEMENT REQUEST

\*\*\* Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.\*\*\*

Date	# Miles	Charge @ \$.43	Lodging	Meals	Other Expenses Amount Explanation		Total

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an \_\_\_\_\_

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

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

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Michelle McPherson Date Submitted 10/23/25  
School/Work Site FHS - CTE (West Campus)  
Name of Meeting/Conference CPR/First Aid Instructor Renewal Course  
Date(s) of Meeting/Conference 12/02/25 Departure Time 0630 Return Time 1530  
Place of Meeting/Conference WKU Bowling Green, KY  
Rationale for Attendance Renew instructor certification for CPR/1st aid  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) local

## Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
-	-		22.02	-	\$100	-	\$122.02

Principal 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

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

Michelle McPherson 10/23/25  
Employee Signature Date

Supervisor Signature Date

Central Office Use:

Coding

CFO Approval



# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name Michelle McPherson Date Submitted 10/21/25  
 School/Work Site FSHS- CTE  
 Name of Meeting/Conference Graves Gilbert Clinic Tour  
 Date(s) of Meeting/Conference 11/21/25 Departure Time 0800 Return Time 1445  
 Place of Meeting/Conference Graves Gilbert Clinic Bowling Green, KY  
 Rationale for Attendance multispeciality health clinic. Tours, discussions with  
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Local

**Estimated Expenses:**

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
—	—	—	—	—	\$100		\$100

Principal Signature: \_\_\_\_\_ Grant/Admin: Hoss  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
☒ Approved ☐ Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 10/23/25

## 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 @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	
Reimbursement Due							

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

Michelle McPherson 10/21/25  
 Employee Signature Date

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Central Office Use:

Coding

CFO Approval





# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

**COPY**

Employee Name Michelle McPherson Date Submitted 10/20/2025  
School/Work Site FSHS - ETE (west campus)  
Name of Meeting/Conference HOSA Regional Conference  
Date(s) of Meeting/Conference Dec. 17th, 2025 Departure Time 08:00 Return Time 04:45  
Place of Meeting/Conference SKYCTC Bowling Green, KY 42101  
Rationale for Attendance Regional Competition for students  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Local

## Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
—	—	—	—	—	\$100	—	\$100

Principal Signature: [Signature] Grant/Admin: Ko. FA  
Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds  
☒ Approved ☐ Not Approved...  
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 @ \$.46	Lodging	Meals	Other Expenses Amount Explanation	Total

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

Michelle McPherson 10/20/25  
Employee Signature Date

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Reimbursement Due

Central Office Use:

Coding

CFO Approval

Special Agent James M. Lee, Division of  
Investigation, for PHILIP APPELOVA  
complete All items on top half of form.  
Agent's Working Registration Form

# SIMPSON COUNTY SCHOOLS

## OUT-OF-DISTRICT TRAVEL AUTHORIZATION

အသံအသွယ်ကို ရှိသောအခါမှ စတင်၍ အသံအသွယ် ပေါ်လာသည်ကို တွေ့ရသည်။  
အသံအသွယ်ကို ရှိသောအခါမှ စတင်၍ အသံအသွယ် ပေါ်လာသည်ကို တွေ့ရသည်။

## 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.\*\*\*

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

CFO Approval



# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

**Estimated Expenses:**

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds

Prior Superintendent Approval: \_\_\_\_\_

☒ Approved ☐ Not Approved... \_\_\_\_\_

Reason \_\_\_\_\_ Superintendent Signature \_\_\_\_\_ Date 10/23/25

**Submit:** रीति-रिवाजों का वर्णन करने वाला लेखनीय, लिखित कार्य  
वर्गीकरण। हवनग्रीह्यं हवनयोग्यं वा न ज्ञेयम् इति च।

# 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.\*\*\*"

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 \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

## Coding

CFO Approval



# SIMPSON COUNTY SCHOOLS COPY

## OUT-OF-DISTRICT TRAVEL AUTHORIZATION

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

Employee Name Lori Stevens Date Submitted 10/28/25  
 School/Work Site Lincoln  
 Name of Meeting/Conference Autism Cadre  
 Date(s) of Meeting/Conference 11/12/25 Departure Time 7:30 Return Time 4:00  
 Place of Meeting/Conference GRREC 230 Technology Way BG KY  
 Rationale for Attendance part of cadre  
 Expenses paid by: ☐ SBDM ☐ PD ☒ Spec Ed ☐ KETS ☐ Other (MUST Specify) \_\_\_\_\_

### Estimated Expenses:

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

Principal Signature: Nataho McCutcher Grant/Admin: Kelly Baker  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
☒ Approved ☐ Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 11/6/25

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 @ \$.46	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

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Central Office Use:


Coding \_\_\_\_\_

CFO Approval \_\_\_\_\_

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

# SIMPSON COUNTY SCHOOLS

## OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lori Stevens Date Submitted 10/23/25  **COPY**

School/Work Site Lincoln

Name of Meeting/Conference ASD Cadre

Date(s) of Meeting/Conference 11/6/25 Departure Time 7:30 Return Time 3:30

Place of Meeting/Conference GRREC 730 Technology Way BG, KY

Rationale for Attendance invited to attend for the Communication Session

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

### Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
			23.92				

Principal Signature: Nataho McCutchen Grant/Admin: Keely Baker

Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds

☒ Approved ☐ Not Approved... Reason \_\_\_\_\_

Superintendent Signature \_\_\_\_\_ Date 10/23/25

Submit this section prior to requesting. 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

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Central Office Use:

Coding

CFO Approval





# SIMPSON COUNTY SCHOOLS

## OUT-OF-DISTRICT TRAVEL AUTHORIZATION

[illegible]

# TRAVEL EXPENSE REIMBURSEMENT REQUEST

CFO Approval





CFO Approval



COPY

Supervisor's form to be returned to  
Superintendent for **PRIOR APPROVAL**  
Complete All Items on top half of form.  
Attach Meeting Registration Form

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

Employee Name Leah Wood Date Submitted \_\_\_\_\_  
 School/Work Site LES  
 Name of Meeting/Conference Scott Trimble  
 Date(s) of Meeting/Conference 10.27-10.28 Departure Time 4:00pm Return Time 6:00pm  
 Place of Meeting/Conference Louisville, Ky  
 Rationale for Attendance School Improvement  
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) ODPD

### Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
		\$ 40					\$ 40

Principal Signature: \_\_\_\_\_

Grant/Admin: \_\_\_\_\_

Prior Superintendent Approval:

☒ Approved ☐ Not Approved...

Reason \_\_\_\_\_

Superintendent Signature \_\_\_\_\_

Required if Expenses are Paid by Grant Funds

10/20/25  
Date

Supervisor's form to be returned to  
Superintendent for **PRIOR APPROVAL**  
Complete All Items on top half of form.  
Attach Meeting Registration Form

## 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

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

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

10.16.25

Reimbursement Due

Central Office Use:

Coding

CFO Approval

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_