Summer the force of the "cincipal and Summer the Hame of the old of of the control of the contro

Employee Name Lisu F	topson	Date Submitted	10/21/25	
School/Work Site FSHS /	CTE	7	1	
Name of Meeting/Conference	405A Regional	Competit	ions	42 . 2 6
Date(s) of Meeting/Conference	12/17/25	_Departure Time	:0) AM Return Tim	e 3:30 pm
Place of Meeting/Conference 51	WCTC, BONII	ry Green,	144	1 1111-
Rationale for Attendance 54wd	ents to compete	in healthe	ore related	events
Expenses paid by: SBDM D	PD Spec Ed KETS 🕏	Other 10cm		
Estimated Expenses:				
Registration Lodging Se	Meals Mileage e policy on back* \$0.41 per mile	Airfare Subst \$100 p	er day	# 100 07
Principal Signature: Prior Superintendent Approval: Approved Not Approve Reason		Grant/Admin:	Required if Expenses are Pai	by Grant Funds 10 23/25 Date
	Charles and Charle	EVI FIACE HER	4100:10E:11.	
श्रीश्रीको । स्थापीतक व्यवसायक श्रीतकी: *** Per Board Policy 03.125 and 03.225: " Date # Miles Charge \$.41	Out-of-District Travel Reimbursemo	ents MUST be submitted water		
*** Per Board Policy 03.125 and 03.225: " Pote	Out-of-District Travel Reimbursemo	ents MUST be submitted w	rithin thirty (30) days of the ther Expenses	travel return date.***
*** Per Board Policy 03.125 and 03.225: " Pote	Out-of-District Travel Reimbursemo	ents MUST be submitted w	rithin thirty (30) days of the ther Expenses	travel return date.***
*** Per Board Policy 03.125 and 03.225: " Pote	Out-of-District Travel Reimbursemo	ents MUST be submitted w	rithin thirty (30) days of the ther Expenses	travel return date.***
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*** Per Board Policy 03.125 and 03.225: " Pote	Out-of-District Travel Reimbursemo	ents MUST be submitted w	rithin thirty (30) days of the ther Expenses	travel return date.***
*** Per Board Policy 03.125 and 03.225: " Pote	Out-of-District Travel Reimburseme Lodging Me Lodging Me included in the above statement whe capacity of official business; the the Simpson County Board of Edu	vere incurred by an at they are proper cation; and that all	rithin thirty (30) days of the ther Expenses	travel return date.***
*** Per Board Policy 03.125 and 03.225: " Date # Miles \$.41 Affidavit: I hereby certify that all expenses employee of Simpson County Schools in the charges qualifying for reimbursement from	Out-of-District Travel Reimburseme Lodging Me Lodging Me included in the above statement whe capacity of official business; the the Simpson County Board of Edu	vere incurred by an at they are proper cation; and that all	Reimbursement Due	travel return date.***

Sugaro dals form to dis Principal and Sugaringandant for <u>PROLARZROYAL</u>. Complete AL Hama on too mil o² form. Afgigi Maasing Ragistersion Pom

Employee Name	sa Hopson	Date Submitt	ed 10/23/15	
School/Work Site FXH	SICTE dunt.		•	
Name of Meeting/Conference	There is admin or	esentation of	Graves Gilbert	Chinic
Date(s) of Meeting/Conferer	nce 11/21/25	Departure Time	Return Time	a William
Place of Meeting/Conference	Graves Gilbe	of Clinic, Box	Vling GREEN, Ky	<i>l</i>
Rationale for Attendance	for sensor health s	iciena students	to medical opport	lunities
	oM □PD □SpecEd □KE			
Estimated Expenses:				
Registration Lodging	Meals Miles See policy on back* \$0.41 pe		Substitute Other To \$100 per day	otal Est. Expenses
	- Bus	5 - 3	*100,000 - 3	\$100-00
Principal Signature:	fh	Grant/Admin:		
Prior Superintendent Approv	al:	1000	Required if Expenses are Paid	by Grant Funds
ApprovedNotA	pproved	The	/	0/53/51
Reason	Super	rintendent Signature		Date
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	3.225: "Out-of-District Travel Reim Charge @ Lodging \$.41	bursements MUST be submi Meals Amou	tted within thirty (30) days of the to Other Expenses nt Explanation	ravel return date.*** Total
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PARTIES THE PROPERTY OF THE PARTIES AND THE PA	Charge @ Lodging	Meals	Other Expenses	
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STORY SHEET SHEET STORY	Charge @ Lodging	Meals	Other Expenses	
Date # Miles	Charge @ Lodging	Meals Amou	Other Expenses	
Affidavit: I hereby certify that all e employee of Simpson County Schecharges qualifying for reimbursements	Charge @ Lodging	ement were incurred by an ness; that they are proper d of Education; and that all	Other Expenses nt Explanation	
Affidavit: I hereby certify that all e employee of Simpson County Schecharges qualifying for reimbursemedata furnished here within is true a	xpenses included in the above state tools in the capacity of official businent from the Simpson County Board	ement were incurred by an ness; that they are proper d of Education; and that all	Other Expenses nt Explanation Reimbursement Due	
Affidavit: I hereby certify that all e employee of Simpson County Schecharges qualifying for reimbursements	xpenses included in the above state tools in the capacity of official businent from the Simpson County Board	ement were incurred by an ness; that they are proper d of Education; and that all edge.	Other Expenses nt Explanation Reimbursement Due Central Office Use:	

Superfective form to the Principal and Superfective for PRIOR PRESIDENT.

Complete the frame of the self of form.

Aberta Manding Registeritor Form

Employee Name	callekinne	D:	ate Submitted	10/16/35	
School/Work Site Sim	oson Hen	redary		** · · · · · · · · · · · · · · · · · ·	
Name of Meeting/Confere	ence Scott T	rimble			(' 00 0
Date(s) of Meeting/Confe	rence 10 27-3	8 '35 Dep	arture Time 💍	.00pm Return Ti	me <u>(0 · COp/</u>)
Place of Meeting/Confere	ان ما الله الله	ille, KY	~11	V	•
Rationale for Attendance	Profession	onal Grou		4.00	
Expenses paid by:	BDM 🗆 PD 🔲 Spe	c Ed □ KETS 🗹 Othe	r (MUST Specify)	00Pb	
Estimated Expenses:					
Registration Lodgii	Meals See policy on back	* \$0.43 per mile	rfare Subst \$100 p		40. —
Principal Signature: Prior Superintendent App	roval:			Required if Expenses are P	aid by Grant Funds
Approved No		4	- S.I		10/20/25
Reason		Superintendent Si	gnature		Date
त्रस्थातको केस्स अध्यक्षीको स्वाधन कार्राष्ट्रीकृतो संघर्षकोस्थल सम्बद्धी	eign einter viereinfabieten.			MBURSEMEN within thirty (30) days of the	
ारोप्राक्ताःस्यन्भास्यः लयस्य। *** Per Board Policy 03.125 a	ப்த பாப் அதாப்பா≄் nd 03.225: "Out-of-Distric	t Travel Reimbursements M	UST be submitted w	ithin thirty (30) days of ther Expenses	
कर्काना नेप्रकानी स्वर्धनी	ப்த பாப் அதாப்பா≄் nd 03.225: "Out-of-Distric		UST be submitted w	rithin thirty (30) days of th	ne travel return date.***
शहोत्राक्ताःस्यश्मास्यः अयंश्या *** Per Board Policy 03.125 at	dis and Signatunds nd 03.225: "Out-of-Distric Charge @ Lo	t Travel Reimbursements M	UST be submitted w	ithin thirty (30) days of ther Expenses	ne travel return date.***
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शहोत्राक्ताःस्यश्मास्यः अयंश्या *** Per Board Policy 03.125 at	dis and Signatunds nd 03.225: "Out-of-Distric Charge @ Lo	t Travel Reimbursements M	UST be submitted w	ithin thirty (30) days of ther Expenses	ne travel return date.***
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ारोप्राक्ताःस्यन्भास्यः लयस्य। *** Per Board Policy 03.125 a	dis and Signatunds nd 03.225: "Out-of-Distric Charge @ Lo	t Travel Reimbursements M	UST be submitted w	ithin thirty (30) days of ther Expenses	ne travel return date.***
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e होत्राज्याः स्वर्थात्वरः स्थलवाः *** Per Board Policy 03.125 aı Date # Miles Affidavit: I barabu certify that	ous and signatures. Ind 03.225: "Out-of-District Charge @ Lo \$.43 Lo	dging Meals Meals The above statement were in	Of Amount	ithin thirty (30) days of ther Expenses	Total
ारोप्राक्ताःस्यन्भास्यः लयस्य। *** Per Board Policy 03.125 a	charge @ Lo \$.43 Lo	dging Meals	Curred by an y are proper; and that all	ithin thirty (30) days of the Expenses Explanation	Total
*** Per Board Policy 03.125 at Date # Miles Affidavit: I hereby certify that a employee of Simpson County charges qualifying for reimbursharges qualifying	charge @ Lo \$.43 Lo	dging Meals	curred by an y are proper; and that all	Reimbursement Du	Total
*** Per Board Policy 03.125 at Date # Miles Affidavit: I hereby certify that a employee of Simpson County charges qualifying for reimbursharges qualifying	charge @ Lo \$.43 Lo	dging Meals	curred by an y are proper; and that all	her Expenses Explanation Reimbursement Du	Total
*** Per Board Policy 03.125 at Date # Miles Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimburs data furnished here within is true.	charge @ Lo \$.43 Lo	dging Meals Meals	curred by an y are proper; and that all	Reimbursement Du	Total

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

Employed Name Mr he 110 MCDY	VOISON Date Submitte	10123/25
School/Work Site FSHS - CTE West	1	
Name of Meeting/Conference CPR/First Air	1	newal Course
Date(s) of Meeting/Conference 12/02/25	Departure Time _	Return Time 1530
Place of Meeting/Conference WKU Boy		, 0630
Rationale for Attendance Renew instructo	· certification	for CPR/15taid
Expenses paid by: SBDM PD Spec Ed	KETS Other (MUST Spec	cify) LOCA
Estimated Expenses:		
The state of the s		obstitute Other Total Est. Expenses
- 00	7.00	102.04
Principal Signature:	Grant/Admin:	De la Life Company and Delah by Compa Founds
Prior Superintendent Approval:	101	Required if Expenses are Paid by Grant Funds
ApprovedNot Approved	SU Supraturo	Date
ReasonSup	perintendent Signature	- Date
Submit this section upon returning, include any a original required receipts and signatures.	AVEL EXPENSE R	EIMBURSEMENT REQUEST
	GRAND (New York States of Control of States of Control	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Re	GRAND (New York States of Control of States of Control	ed within thirty (30) days of the travel return date.*** Other Expenses
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Re Date # Miles Charge @ Lodging \$.43	GRAND (NGC PANCHELAND CONTRACTOR	ed within thirty (30) days of the travel return date.*** Other Expenses Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Re	imbursements MUST be submitte	ed within thirty (30) days of the travel return date.*** Other Expenses Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Re	imbursements MUST be submitte	ed within thirty (30) days of the travel return date.*** Other Expenses Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Re	imbursements MUST be submitte	ed 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 Re	imbursements MUST be submitte	ed within thirty (30) days of the travel return date.*** Other Expenses Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Re	imbursements MUST be submitte	ed within thirty (30) days of the travel return date.*** Other Expenses Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Re	imbursements MUST be submitte	ed within thirty (30) days of the travel return date.*** Other Expenses Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Re	imbursements MUST be submitte	Other Expenses t Explanation Total
Date # Miles Charge @ Lodging Lodging Affidavit: I hereby certify that all expenses included in the above s	Meals Amoun	ed within thirty (30) days of the travel return date.*** Other Expenses Total
Date # Miles Charge @ Lodging Lodging Affidavit: I hereby certify that all expenses included in the above semployee of Simpson County Schools in the capacity of official becharges qualifying for reimbursement from the Simpson County Both	Meals Amoun tatement were incurred by an ousiness; that they are proper pard of Education; and that all	Other Expenses t Explanation Reimbursement Due
Date # Miles Charge @ Lodging Lodging Affidavit: I hereby certify that all expenses included in the above semployee of Simpson County Schools in the capacity of official by	Meals Amoun tatement were incurred by an ousiness; that they are proper pard of Education; and that all wledge.	Other Expenses t Explanation Total
Date # Miles Charge © \$.43 Lodging Affidavit: I hereby certify that all expenses included in the above semployee of Simpson County Schools in the capacity of official becharges qualifying for reimbursement from the Simpson County Bedata furnished here within is true and correct to the best of my known and the state of the semployee.	Meals Amoun tatement were incurred by an ousiness; that they are proper pard of Education; and that all	Other Expenses t Explanation Reimbursement Due
Date # Miles Charge @ Lodging Lodging Affidavit: I hereby certify that all expenses included in the above semployee of Simpson County Schools in the capacity of official becharges qualifying for reimbursement from the Simpson County Both	Meals Amoun tatement were incurred by an ousiness; that they are proper pard of Education; and that all wledge.	Other Expenses t Explanation Reimbursement Due Central Office Use:



1. Comp. 1.				
Employee Name Michell	e Mctherson	Date Submitted	10/21/25	
School/Work Site	CTE			
Name of Meeting/Conference	wes Gilbert Clinic	Tour		1.1111-
Date(s) of Meeting/Conference	11/24/20	Departure Time		1445
Place of Meeting/Conference	W. J. C. I.	linic Bou		, KY
Rationale for Attendance Multi	The state of the s	alth clinic	1 1	essions Wi
Expenses paid by: SBDM DF	D Spec Ed KETS	Other (MUST Specify)	Socar	
Estimated Expenses:				
Registration Lodging See	Meals Mileage \$0.46 per mile	\$100 p	per day	otal Est. Expenses
Principal Signature:	h	Grant/Admin	Required if Expenses are Paid	l by Grant Funds
Prior Superintendent Approval:	· =	1-611	nequired in Expenses are raise	128 /28
Approved Not Approve		18m		Date
Reason	Superintene	dent Signature		Date
*** Per Board Policy 03.125 and 03.225: " Date # Miles Charge (\$.46)	Out-of-District Travel Reimbursem	eals Amount	vithin thirty (30) days of the ther Expenses Explanation	Total
Affidavit: I hereby certify that all expenses employee of Simpson County Schools in the charges qualifying for reimbursement from data furnished here within is true and corresponding to the control of	the capacity of official business; to the Simpson County Board of Ed ect to the best of my knowledge.	ucation; and that all	Reimbursement Due	MAY constraint (A)
Supervisor Signature	Da	ate CF	O Approval	



	LOCATE TOTAL	Λ					
Employee Name	ichelle	Mathers	(K)Date	e Submitt	ed	210210	07.5
	SHS-		est (91	nous			
Name of Meeting/Confer	ence HC	SA RPG	ional	(onto	evency	P	
Date(s) of Meeting/Confe	rence Do	.17th 2025	Depar	ture Time	08:00	Return T	ime 4
Place of Meeting/Confere	ence SKY	CTC BO	whinc	60	reen. K	4 47	101
Rationale for Attendance	Regiona	al Compe	fition	-6c	Stude.	115	r
Expenses paid by:	BDM DPD	□ Spec Ed □ KE	TS Other (MUST Sp	ecify)	Local	
Estimated Expenses:							
Registration Lodgi	The state of the s	eals Milea y on back* \$0.46 pe	the same of the sa		Substitute \$100 per day	Other	Total Est. Expenses
	See polic	y 011 Dack 50.46 pe	- Time	j	100	_	6100
	-6				i Ga		
Principal Signature: Prior Superintendent Appl	wal:		Grant/A	Admin:	Required i	f Expenses are P	aid by Grant Funds
	t Approved	;		-V	1		
Reason		Super	intendent Sign	natur			Date
Committee world	rosaria in in					0054 454	TREALIECT
The State of the S	Ratton beim	TRA	VEL EXPE	ENSE F	KFIMBO	RSEMEN	T REQUEST
*** Per Board Policy 03.125 ar	id 03.225: "Out-o	Park III			ted within thir	ty (30) days of th	
*** Per Board Policy 03.125 ar Date # Miles	Charge @	Park III		T be submit	ted within thir Other Expe	ty (30) days of th	
TOTAL SERVICE	CONTRACT DECISIONS	f-District Travel Reimi	bursements MUS		ted within thir Other Expe	ty (30) days of th	e travel return date.***
TOTAL SERVICE	Charge @	f-District Travel Reimi	bursements MUS	T be submit	ted within thir Other Expe	ty (30) days of th	e travel return date.***
TEXTILORIE CHECKEN	Charge @	f-District Travel Reimi	bursements MUS	T be submit	ted within thir Other Expe	ty (30) days of th	e travel return date.***
TEXTILORIE CHECKEN	Charge @	f-District Travel Reimi	bursements MUS	T be submit	ted within thir Other Expe	ty (30) days of th	e travel return date.***
TOTAL SERVICE	Charge @	f-District Travel Reimi	bursements MUS	T be submit	ted within thir Other Expe	ty (30) days of th	e travel return date.***
TOTAL SERVICE	Charge @	f-District Travel Reimi	bursements MUS	T be submit	ted within thir Other Expe	ty (30) days of th	e travel return date.***
TEXTILORIE CHECKEN	Charge @	f-District Travel Reimi	bursements MUS	T be submit	ted within thir Other Expe	ty (30) days of th	e travel return date.***
TEXTILORIE CHECKEN	Charge @	f-District Travel Reimi	bursements MUS	T be submit	Other Exper	ry (30) days of th nses xplanation	Total
Date # Miles Affidavit: I hereby certify that a	Charge @ \$.46	f-District Travel Reiml Lodging	Meals Meals ment were incurr	Amou	Other Exper	ry (30) days of th nses xplanation	Total
Affidavit: I hereby certify that a employee of Simpson County Scharges qualifying for reimburse	Charge @ \$.46 Il expenses including ichools in the capement from the S	Lodging ded in the above state pacity of official busin simpson County Board	Meals Meals Pement were incurreness; that they are of Education; and	Amou	Other Experint E	ry (30) days of the ses explanation	Total
Affidavit: I hereby certify that a employee of Simpson County S	Charge @ \$.46 Il expenses including ichools in the capement from the S	Lodging ded in the above state pacity of official busin simpson County Board	Meals Meals Pement were incurreness; that they are of Education; and	Amou	Other Exper	ry (30) days of the ses explanation	Total
Affidavit: I hereby certify that a employee of Simpson County Scharges qualifying for reimburse data furnished here within is tru	Charge @ \$.46 Il expenses including ichools in the capement from the S	Lodging ded in the above state pacity of official busin simpson County Board	ment were incurress; that they are of Education; and of Education; and of Education and of	Amou	Reimbu	ry (30) days of the ses explanation	Total
Affidavit: I hereby certify that a employee of Simpson County Scharges qualifying for reimburse	Charge @ \$.46 Il expenses including ichools in the capement from the S	Lodging ded in the above state pacity of official busin simpson County Board	Meals Meals Pement were incurreness; that they are of Education; and	Amou	Other Experint E	ry (30) days of the ses explanation	Total
Affidavit: I hereby certify that a employee of Simpson County Scharges qualifying for reimburse data furnished here within is tru	Charge @ \$.46 Il expenses including ichools in the capement from the S	Lodging ded in the above state pacity of official busin simpson County Board	ment were incurress; that they are of Education; and of Education; and of Education and of	Amou	Reimbu	y (30) days of the ses explanation	Total

Superint frie from a des Prinstes une Superintentient der <u>PRICE APPROVAL</u> Complete Al. tenne en sop half of form. Alecto Manding Ragisteriton 2016

& shoth	1 Com	itted 10 Kg 25
Employee Name Sam North	Date Subil	inted 1710
School/Work SiteSMS Name of Meeting/ConferenceScot ?	Y: 180	
Name of Meeting/Conference Oct. 2	7.20 Departure Til	me Return Time
Date(s) of Meeting/Conference	VIII LAN (CIE	Plan
Place of Meeting/Conference Louis	VIII.2, RY (C16WA	11920)
Rationale for Attendance Progression o	2 Development	0420
Expenses paid by: \square SBDM \square PD \square	Spec Ed □ KETS ☑ Other (MUST	Specify) UV PV
Estimated Expenses:		
Registration Lodging Meals See policy on		Substitute State Other Total Est. Expense \$100 per day
Principal Signature:	Grant/Admin;	Required if Expenses are Paid by Grant Funds
Reason	Superintendent Signature	Date
### Per Board Policy 03.125 and 03.225: "Out-of-Di Date # Miles Charge @ \$.43	istrict Travel Reimbursements MUST be sub	Omitted within thirty (30) days of the travel return date Other Expenses Total Total
Afficiavit: I hereby certify that all expenses included employee of Simpson County Schools in the capac charges qualifying for reimbursement from the Sim data furnished here within is true and correct to the	city of official business; that they are prop ipson County Board of Education; and that	per .
employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Sim	city of official business; that they are prop ipson County Board of Education; and that	all

Submit data dom to the Calcipal state
Superfutentiant for <u>PRIOR APPROVAL</u>
Complete AU. Items on top half of form.
Aftern Weeling Registration form

	Soit Dand	lue Date Subi	mitted Oct. 22/	12026
Employee Name		1- 1- 1	THE CO.	1040
School/Work Site	rechnology	(Kentucky Tec		
Name of Meeting/Confer	ence MAS		ime 12:06 Return	Time 3:30
Date(s) of Meeting/Confe	erence March			
Place of Meeting/Conference	ence Kertucky	International	Convention Cen	Per LOUISMUL, ~
Rationale for Attendance	updates o	on latest techn	oby / State C	To mtg.
Expenses paid by:	SBDM □ PD □ Spec E	Ed KETS 🗆 Other (MUST	Specify)	
Estimated Expenses:				
Registration Lodgi	See policy on back*	Mileage Airfare \$0.43 per mile	Substitute Other \$100 per day	7,170.30
Principal Signature:		Grant/Admin	: Required if Expenses are	Paid by Grant Funds
Prior Superintendent App		1-0	Medanica ii Expenses are	12/23/26
N		Superintendent Signature	<u> </u>	Date
Reason		Superintendent Signature		
Submit જાત જવાદિયા પછા આંદ્રાતા તાલુપાતિના પ્રવચ્ચ *** Per Reard Policy 03, 125 a	स्थापनिवासीय व्यवस्थात		E REIMBURSEME bmitted within thirty (30) days of	
Date # Miles	Charge @ Lodg \$.43	ging Meals	Other Expenses mount Explanation	Total
	Charge @ Lodg	ging Meals	Other Expenses	THE RESIDENCE OF THE PARTY.
	Charge @ Lodg	ging Meals	Other Expenses	THE RESIDENCE OF THE PARTY.
	Charge @ Lodg	ging Meals	Other Expenses	THE RESIDENCE OF THE PARTY.
	Charge @ Lodg	ging Meals	Other Expenses	THE RESIDENCE OF THE PARTY.
	Charge @ Lodg	ging Meals	Other Expenses	THE RESIDENCE OF THE PARTY.
	Charge @ Lodg	ging Meals	Other Expenses	THE RESIDENCE OF THE PARTY.
	Charge @ Lodg	ging Meals	Other Expenses	THE RESIDENCE OF THE PARTY.
	Charge @ Lodg	ging Meals	Other Expenses	THE RESIDENCE OF THE PARTY.
Date # Miles Affidavit: I berehv certify that	Charge @ Lodg \$.43 Lodg	above statement were incurred by	Other Expenses mount Explanation Reimbursement D	Total
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Submit this form to the Principal and Superintendent for <u>PRIOR APPROVAL</u>. Complete ALL items on top half of form.

Attach Meeting Registration Form

Employee Name Lori Stevens	Date Submitted 10/28/25
School/Work Site	
Name of Meeting/Conference	Cadre
Date(s) of Meeting/Conference 11/12/25	Departure Time 7:30 Return Time 3:00
Place of Meeting/Conference GR & &	c 230 Technology Way BG KY
Rationale for Attendance	cadre
Expenses paid by:	Ed
Estimated Expenses:	
Registration Lodging Meals See policy on back*	Mileage Substitute Other Total Est. Expenses \$1.46 per mile \$100 per day 33.92 Grant/Admin: Kelly Bakly
Principal Signature:	Required if Expenses are Paid by Grant Funds
Prior Superintendent Approval: Approved Not Approved	11/6/25
Reason	Superintendent Signature Date
Soomil this section upon returning Include any original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REQUEST
Oughtshasting as the street of	
*** 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
*** 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 03.125 and 03.225: "Out-of-District" Charge @ Lod	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.*** Other Expenses Total
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Pate # Miles Charge Lod \$.46 Lod 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 County Schools in the capacity of data furnished here within is true and correct to the best of the capacity of th	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.*** Other Expenses Amount Explanation Total e above statement were incurred by an official business; that they are proper County Board of Education; and that all of my knowledge. Reimbursement Due Central Office Use:
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Superintendent for PRICE APPROVAL.

Computation ALL Rems on the institution Course.

Addition (Viceding Registratific) Poins

Supervisor Signature

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

CFO Approval

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		Lincoln		Dat	e Submitt	ed	[23]45	-C	OPY
•				0					
Date(s) of M	eting/Conference eeting/Confe	rence	D Cadr	Depar	ture Time	7:30	Return Ti	me 3	(SE
				730 Tech				4	
Rationale for				d for the (
Expenses pai	d by:	BDM 🗖 PD	Spec Ed 🛚	KETS Other	(MUST Sp	ecify)			
Estimated Ex	penses:								
Registratio		See polic	y on back* \$0.4			Substitute \$100 per day	Other	Total Est.	Expenses
Principal Sigr			M'Cute	for Grant/	Admi n: 	elly Regylire	Ballon ed if Expenses are Po	aid by Grant	Funds
/		ot Approved				1-5	56	10	39 25
			Su	perintendent Sigr	nature				Date
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Date	# Miles	\$.43	Lodging	Meals	Amou	nt	Explanation		otal
employee of Si	mpson County	Schools in the ca	pacity of official b	statement were incur ousiness; that they a	are proper	Rein	nbursement Due		
charges qualifyi	ng for reimburs	ement from the S	Simpson County Bo the best of my kno	pard of Education; a	nd that all	Central (Office Use:		
Employee Sig	nature			Date		Coding			
									100

Date

submittifistomrovite viittijalani Superintendentdor <u>PRIOR APPROVAL</u> Complete AU, temesomropimiloritom. Attach Wiesdingstegistation toim

STAMVOM	ahn	Dato	Submitte	1	0/16/25	
Employee Name Central Office	0	Date	Submitte		1-1	
School/Work Site Central Office	Trimble	Conf	even	e.		
Name of Meeting/Conference	1 1	25 Denarti	ure Time	3:	DOPMReturn Tim	e 6:00pm
Date(s) of Meeting/Conference 10 28 2		Depart	ure mile			
Place of Meeting/Conference LOWSVIII	CIPI	10				
Rationale for Attendance Profession	el Gro	th_			11.125	
Expenses paid by:	ec Ed	Ø Other (№	MUST Spe	cify) _	UJPD	
Estimated Expenses:					ute Other T	Total Est. Expenses
Registration Lodging Meals See policy on bac	Mileage k* \$0.43 per mile	Airfa	ALC: UNKNOWN	ubstitu 100 per		40-
Principal Signature:		_ Grant/A	dmin:	Red	quired if Expenses are Paid	d by Grant Funds
Prior Superintendent Approval:		1	- ()	11		10/20/2
Approved Not Approved Reason	Superinte	ndent Sign	ature	M		Date
		-				
व्यानमाहर्वेतिकवङ्गोला पुरानस्थरमानातुः । तथास्य हास् व्यानीतहारम्यास्य स्थल्याहरूताम् ब्राह्मसारस्यः					IBURSEMENT	
*** Per Board Policy 03.125 and 03.225: "Out-of-Distr	ict Travel Reimburse	ments MUST	Γ be submit	ted witl	hin thirty (30) days of the	travel return date.***
Chargo @		ments MUST	T be submitt Amour	Othe	hin thirty (30) days of the er Expenses Explanation	travel return date.*** Total
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Superiod tells form to des "Cincolat new Superiod and and its PHER APPROVAL. Complete Al. Rents on top helf of form. Alexan Visualing Registration Form.

Employee Name Kim Whit	Date Submitted 10 16 25	
School/Work Site Central D	Hile-	_
SID	H Trimble Conference	_
Date(s) of Meeting/Conference 10 2	\$ 25-10/28/25 Departure Time 3: DOPMReturn Time 6: 00 p	m
Place of Meeting/Conference LowS	rille, Ky	_
Rationale for Attendance Profess	sional Growth	-
Expenses paid by: SBDM DPD	□ Spec Ed □ KETS ☑ Other (MUST Specify)	
Estimated Expenses:		
Registration Lodging Me See policy Principal Signature:	Grant/Admin: Mula Anath	D-
Prior Superintendent Approval:	Required if expenses are Paid by Grant Funds	1_
Approved Not Approved	15 16	_
Reason	Superintendent Signature Date	
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Superdictive form to the Principal side Superdiction for PHER APPREVAL Computer Ab. Leans on the infinition form. After Marking Registration 30th

Employee Name Leah Wood			Date Submitted			
School/Work Site L	-5					
Name of Meeting/Con	ference Scot	+ Trimble				
Date(s) of Meeting/Co	nference 10.0	1-10-28	Departu	ire Time <u>식</u>	DOpm_Return Time	6:00pm
Place of Meeting/Conf						
Rationale for Attendar	ice School	Improver	veut		0.20%	
Expenses paid by:	□ SBDM □ PD	□ Spec Ed □ KE	TS 👿 Other (M	(UST Specify)	(DPD	
Estimated Expenses:						
Registration Lo	dging Me See policy			e Substi \$100 pe		S L \ ()
Principal Signature:			Grant/Ad	dmin:	equired if Expenses are Paid	by Grant Funds
Prior Superintendent A			10	1/1	• *************************************	12/20/25
Approved		Sune	rintendent Signa	ture ture		Date
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Treinfeille fallmermeiltelt eie		TRA	VFI FXPE	NSE REIN	MBURSEMENT	REQUEST
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