

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 Nancy Uhls Date Submitted 11.10.25
School/Work Site Simpson County Board of Education
Name of Meeting/Conference KSBA Winter Symposium
Date(s) of Meeting/Conference 12.4.25 - 12.6.25 Departure Time 12:00 pm Return Time 6:30 pm
Place of Meeting/Conference _____

Rationale for Attendance _____

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
<u>395.00</u>	<u>378.00</u>	<u>100.00</u>	<u>268</u> <u>115.24</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>988.24</u>

Principal Signature: _____ Grant/Admin: _____

Prior Superintendent Approval:

☒ Approved ☐ Not Approved...

Reason _____

[Signature]
Superintendent Signature

Required if Expenses are Paid by Grant Funds

11/10/25
Date

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	
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 _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval