

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 Chelseq Adams Date Submitted 12/4/25  

School/Work Site FSITS YSC

Name of Meeting/Conference _____

Date(s) of Meeting/Conference 12/3 - 12/4 Departure Time 8:15 Return Time 2:30

Place of Meeting/Conference Russellville & Bowling Green Walmart / Sams

Rationale for Attendance Christmas items for School (students + staff)

Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) 0402104 - 0580-128M

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
			<u>59.34</u>				

Principal Signature:  Grant/Admin: _____

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

Approved Not Approved...

Reason _____ Superintendent Signature _____ Date 12/5/25

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 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 _____

Employee Signature _____ Date _____

Central Office Use: _____

Supervisor Signature _____ Date _____

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	Chelsea Adams	Date Submitted	12/4/25	<input checked="" type="checkbox"/> CORRECTED	
School/Work Site	FSHS YSC				
Name of Meeting/Conference	ASAP Committee Meeting				
Date(s) of Meeting/Conference	12/9/25	Departure Time	10:30	Return Time	3:30
Place of Meeting/Conference	Education Complex Morgantown, KY				
Rationale for Attendance	Committee Meeting				
Expenses paid by:	<input type="checkbox"/> SBDM <input type="checkbox"/> PD <input type="checkbox"/> Spec Ed <input type="checkbox"/> KETS <input type="checkbox"/> Other (MUST Specify) 0402104-0590-128049				

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
			40.42				

Principal Signature: Grant/Admin: _____

Prior Superintendent Approval:

✓ Approved Not Approved...

Reason _____

Grant/Admin:

Required if Expenses are Paid by Grant Funds

Grant Funds

Superintendent Signature

Date

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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Reimbursement Due

Employee Signature

Date

Central Office Use:

Supervisor Signature

Date

CEO Approval

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Chelsea Adams Date Submitted 12/3/25

School/Work Site FSHS YSC

Name of Meeting/Conference CPP Training

Date(s) of Meeting/Conference 12/11/25 Departure Time 6:00 AM Return Time 4:30 PM

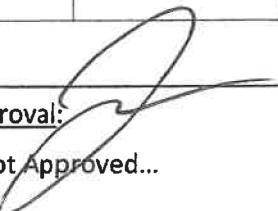
Place of Meeting/Conference Cave City Convention Center

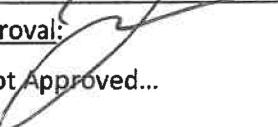
Rationale for Attendance Mandatory training for grant writing

Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) 0402104 - 0580-128M

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
			<u>43.86</u>				

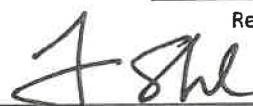
Principal Signature:  Grant/Admin: _____

Prior Superintendent Approval: 

Required if Expenses are Paid by Grant Funds

Approved Not Approved...

Reason _____



12/5/25

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

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Reimbursement Due

Central Office Use:

Employee Signature

Date

Coding

Supervisor Signature

Date

CFO Approval

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

ON
COPY

Employee Name Halie Brown #9893 Date Submitted 11-17-25

School/Work Site FSHS

Name of Meeting/Conference KY Exceptional Childrens Conference

Date(s) of Meeting/Conference 11/23-11/25 Departure Time 4:30 pm Return Time 12:30 pm

Place of Meeting/Conference: Galt House - Louisville, KY

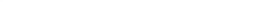
bring significant business insights that will allow me to create more effective

Rationale for Attendance To gain practical tools, insights that will allow me to create more effective supports for my students
Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) _____

Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) _____ for my student's _____

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
145.00		580.00	116.96				

Principal Signature:  Grant/Admin: 

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

Approved Not Approved... 12/5/25

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.***

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 _____

Supervisor Signature

Date

Coding

CEO 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 **□ COPY**

Employee Name Constance Bland Date Submitted Dec. 2-2025
 School/Work Site FSMS
 Name of Meeting/Conference CPP Grant training
 Date(s) of Meeting/Conference Dec. 11- 2025 Departure Time 7AM Return Time 4pm
 Place of Meeting/Conference Conference Center Crowley MS
 Rationale for Attendance CPP grant training
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) NSYC

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Principal Signature: J. Bland Grant/Admin: J. Shl Required if Expenses are Paid by Grant Funds

Prior Superintendent Approval:

Approved Not Approved...

Reason _____

Superintendent Signature

12/4/25

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 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

Employee Signature

Date

Central Office Use:

Coding

Supervisor Signature

Date

CFO Approval

**Submit this form to the Principal and
Superintendent for PRIOR APPROVAL.
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SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lauren Hall + Jessi Proffitt Date Submitted 12.8.25
 School/Work Site FSMS (8th grade Math) + SES (lib) (this is for FSHS Dance Team)
 Name of Meeting/Conference UDA High School Nationals Dance Team Championship
 Date(s) of Meeting/Conference 1.29.26 - 2.3.26 Departure Time 3:00 am Return Time 10:00 pm
 Place of Meeting/Conference Orlando, FL (ESPN Wide World of Sports Complex)
 Rationale for Attendance head + assistant coach
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) dance team booster

Estimated Expenses:

Principal Signature: _____ Grant/Admin: _____
Prior Superintendent Approval:  Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
Reason: _____ Superintendent Signature: _____ Date:  12/10/13

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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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

2.8.25

Customer Signature

Date

Central Office Use:

Coding

CFO Approval

Submissions for the Professional
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	<u>Carol Hawkins</u>	Date Submitted	<u>12/3/25</u>
School/Work Site	<u>Transportation Department</u>		
Name of Meeting/Conference	<u>FSHS State Cheer Competition</u>		
Date(s) of Meeting/Conference	<u>12/12 - 12/13/25</u>	Departure Time	<u>3:30 pm</u>
		Return Time	<u>2:00 pm</u>
Place of Meeting/Conference	<u>George Rogers Clark HS</u>		
12/12/25	<u>12/13/25</u>		
Rationale for Attendance	<u>State Cheer Competition</u>		
Expenses paid by:	<input type="checkbox"/> SBDM <input type="checkbox"/> PD <input type="checkbox"/> Spec Ed <input type="checkbox"/> KETS <input type="checkbox"/> Other (MUST Specify) <u>FSHS Cheer</u>		

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
—	—	\$60.00	—	—	—	—	\$60.00

Principal Signature: _____ Grant/Admin: _____

Prior Superintendent Approval: *1-181* Required if Expenses are Paid by Grant Funds

Approved Not Approved

Approved Not Approved _____

Superintendent Signature

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 4/12 00

Employee Signature

Date

Supervisor Signature

Date

Central Office Use:

Coding

CFO Approval

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

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name	LORI HORNIG	Date Submitted	10-9-2023
School/Work Site	SIMPSON ELEMENT FRC		
Name of Meeting/Conference	ASAP		
Date(s) of Meeting/Conference	12-9-25	Departure Time	11:00
Place of Meeting/Conference	Educational Complex MORGANTOWN KY 199 Veterans Way		
Rationale for Attendance	on board		
Expenses paid by:	<input type="checkbox"/> SBDM <input type="checkbox"/> PD <input type="checkbox"/> Spec Ed <input type="checkbox"/> KETS <input type="checkbox"/> Other (MUST Specify) SES FRC		

Estimated Expenses:

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

Principal Signature: Willie Queen Grant/Admin: _____
Prior Superintendent Approval: ✓ Required if Expenses are Paid by Grant Funds

Approved Not Approved...
Reason

Superintendent Signature

Required if Expenses are Paid by Grant Funds

12/10/25

Date

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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Reimbursement Due

Employee Signature

Date

Central Office Use:

Supervisor Signature

Date

CEO Approval



COPY

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lisa Henson Date Submitted 11/13/25

School/Work Site FSHS - CTE

Name of Meeting/Conference CPR Instructor Re-certification

Date(s) of Meeting/Conference 12/21/25 Departure Time 6:30 AM Return Time 3:00 pm

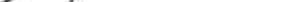
Date(s) of visit(s): 1/14/2019 1/15/2019 1/16/2019

Place of Meeting/Conference WCU Training Center
216 University Street

Rationale for Attendance Recertification to teach CPR & First Aid

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$.041 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
			43 x 38 = 16.34		\$100.00		\$116.34

Principal Signature:  Grant/Admin: _____

Prior Superintendent Approval: 1/28/11 Required if Expenses are Paid by Grant Funds

✓ Approved Not Approved...  01/03/25

Reason _____ **Superintendent Signature** _____ **Date** _____

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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Reimbursement Due

Employee Signature **Date**

Central Office Use:

Supervisor Signature Date

Coding

Supervisor Signature Date

CFO Approval



COPY

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 Bethany Minix Date Submitted 11/17/25

School/Work Site FSMS

Name of Meeting/Conference WKU FFA Connect Conference

Date(s) of Meeting/Conference 12/16-12/17, 2025 Departure Time 11:00 AM Return Time 1:00 PM
12/16 12/17

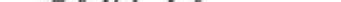
Place of Meeting/Conference WKU

Rationale for Attendance: Allow students to participate in leadership workshops from

Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) PPA

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
—	—	—	—	—	\$150	—	\$150 —

Principal Signature:  Grant/Admin: _____

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

✓ Approved Not Approved... 11/20/25

Reason: _____ Supervisor Signature: _____

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TRAVEL EXPENSE REIMBURSEMENT REQUEST

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Reimbursement Due

Employee Signature Date

Date

Supervisor Signature Date

Date

Central Office Use:

Coding

CFO Approval

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SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

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TRAVEL EXPENSE REIMBURSEMENT REQUEST

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Reimbursement Due

\$80

Abby Sce
Employee Signature

12/5/25
Date

Supervisor Signature

Date

Central Office Use:

Coding

CFO Approval

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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	Elizabeth M. Wood	Date Submitted	12/3/25
School/Work Site	FSMS	 COPY	
Name of Meeting/Conference	KMEA		
Date(s) of Meeting/Conference	2/4 - 2/7/26	Departure Time	2/4 7pm
		Return Time	2/7 1pm
Place of Meeting/Conference	Louisville, KY Conference Center of Galt House		
Rationale for Attendance	Music Professional Development + one student in All-State		
Expenses paid by:	<input checked="" type="checkbox"/> SBDM <input type="checkbox"/> PD <input type="checkbox"/> Spec Ed <input type="checkbox"/> KETS <input type="checkbox"/> Other (MUST Specify)		
Estimated Expenses:	split		

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
<u>pd</u>	<u>\$85 per night</u> <u>$\times 2$</u> <u>\$255.00</u>	<u>100.00</u>	<u>135 mi x 2</u> <u>220 miles</u> <u>\$116.50</u>	—	<u>200.00</u>	—	<u>671.00</u>

Principal Signature: Jeff Allen Grant/Admin: _____
Prior Superintendent Approval: ✓ Required if Expenses are Paid by Grant Funds

Prior Superintendent Approval

Grant/Admin:

Required if Expenses are Paid by Grant Funds

Approved Not Approved...

Superintendent Signature

Date

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TRAVEL EXPENSE REIMBURSEMENT REQUEST

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Reimbursement Due

Employee Signature

2325
Date

Supervisor Signature

Date

Central Office Use:

Coding

CFO Approval