

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

CFO Approval

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
			70.42				

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature _____ Date 12/5/20

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							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

Date _____

Date _____

Central Office Use:

Coding

CFO 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 COP
 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
			43.86				

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature J. Shl Date 12/5/25

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 Halie Brown #9893 Date Submitted 11-17-25

School/Work Site FSHS

Name of Meeting/Conference 000 Ky Exceptional Children's 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

Rationale for Attendance to gain practical tools/insights that will allow me to create more effective support

Expenses paid by: ☐ SBDM ☐ PD ☒ Spec Ed ☐ KETS ☐ Other (MUST Specify) _____ for my students

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		\$80.00	116.96				

Principal Signature:

Grant/Admin: Kelly Baker

Prior Superintendent Approval:

Required if Expenses are Paid by Grant Funds

✓ Approved ✓ Not Approved...

Reason _____

Superintendent Signature _____

Date _____

Subsequent letter transmits copies of return, including any
 additional pertinent information and attachments.

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

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 Constance Blue Date Submitted Dec. 2-2025
 School/Work Site FSMS
 Name of Meeting/Conference CPP Grant training
 Date(s) of Meeting/Conference Dec. 11th 2025 Departure Time 7AM Return Time 4pm
 Place of Meeting/Conference Conference Center Cary NC
 Rationale for Attendance CPP Grant training
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) nsysc
 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: [Signature] Grant/Admin: [Signature]
 Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
 ___ Approved ___ Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 12/4/25

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	
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.

Constance Blue
 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 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:

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

Principal Signature: _____ Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
____ Approved ____ Not Approved...
Reason _____ Superintendent Signature _____ Date 12/10/25

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

Lauren Hall 12.8.25
Employee Signature Date
JSH 12/8/25
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 LORI HONSHALL Date Submitted 12-9-25 **COPY**
School/Work Site Simpson Elem FRC
Name of Meeting/Conference ASAP
Date(s) of Meeting/Conference 12-9-25 Departure Time 11:00 Return Time 2:00
Place of Meeting/Conference Educational Complex Morgantown Ky
Rationale for Attendance on board
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ 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: [Signature] Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
____ Approved ____ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 12/10/25

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 _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval



COPY

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lisa Hopson Date Submitted 11/13/25
 School/Work Site FSHS-CTE
 Name of Meeting/Conference CPR Instructor Recertification
 Date(s) of Meeting/Conference 12/2/25 Departure Time 6:30 AM Return Time 3:00 pm
 Place of Meeting/Conference WKU Training Center
 Rationale for Attendance Recertification to teach CPR & First Aid
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other Local money

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.41 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
			<u>43 x</u> <u>38 = \$16.34</u>		<u>\$100.00</u>		<u>\$116.34</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 _____ Date 11/13/25

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 @ \$.41	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 _____



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

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: [Signature] Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved... 11/20/25
Reason _____ Superintendent Signature _____ 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	

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

Estimated Expenses:

Principal Signature: _____ Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 _____ Approved _____ Not Approved...
 Reason _____ Superintendent Signature _____ Date 12/10/25

TRAVEL EXPENSE REIMBURSEMENT REQUEST

Date	# Miles	Charge @ \$.43	Lodging	Meals	Amount	Other Expenses Explanation	Total
Dec 3				20			
Dec 4				40			
Dec 5				20			
				\$80			
Reimbursement Due							\$80

Reimbursement Due

12/5/25
Date

CFO Approval

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Jim Schlosser Date Submitted 9.30.25 COPY

School/Work Site Jimson County Board of Education

Name of Meeting/Conference 2025 KAS Conference

Date(s) of Meeting/Conference Dec 7-9, 2025 Departure Time 12:00 pm Return Time 3:00 pm

Place of Meeting/Conference Louisville Marriott Downtown, Louisville Ky

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
300.00	358.00	80.00	—	—	—	—	

Principal Signature: _____ Grant/Admin: _____

Prior Superintendent Approval:

Approved _____ Not Approved...

Reason _____

Grant/Admin: _____

Required if Expenses are Paid by Grant Funds

Superintendent Signature

Date _____

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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	
12.7.25				20.00			20.00
12.8.25				40.00			40.00
12.9.25				20.00			20.00
Reimbursement Due							80.00

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data furnished here within is true and

Employee Signature

10.10.25

Date _____

ee Signature

10-10-25

Date _____

Reimbursement Due	80.00
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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 Elizabeth M. Wood Date Submitted 12/3/25
School/Work Site FSMS
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 & Galt House
Rationale for Attendance Music Professional Development & one student in All-State
Expenses paid by: ☒ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ 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>\$255</u>	<u>100</u>	<u>135mi x 2</u> <u>270mi</u> <u>\$116</u>	—	<u>200</u>	—	<u>671</u>

Principal Signature: _____ Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
____ Approved ____ Not Approved...
Reason _____ Superintendent Signature JSH Date 12/10/25

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	

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Employee Signature Elizabeth Wood Date 12/3/25

Supervisor Signature _____ Date _____

Reimbursement Due

Central Office Use:

Coding

CFO Approval