

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	Kelly Baker	Date Submitted	12/17/25
School/Work Site	Central Office		
Name of Meeting/Conference	KNEL	<input checked="" type="checkbox"/>	COPY
Date(s) of Meeting/Conference	1/27 - 1/29/26	Departure Time	10:00am
		Return Time	4:00pm
Place of Meeting/Conference	Crowne Plaza		
Rationale for Attendance	Annual KNEL Conference		
Expenses paid by:	<input type="checkbox"/> SBDM <input type="checkbox"/> PD <input type="checkbox"/> Spec Ed <input type="checkbox"/> KETS <input checked="" type="checkbox"/> Other (MUST Specify) IQ		

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
\$499 -	\$350.62	\$100 -	\$111.80				\$1,061.42

Principal Signature: _____ Grant/Admin: 

Prior Superintendent Approval: *1-2-3* Required if Expenses are Paid by Grant Funds

Approved Not Approved..

Reason

Superintendent Signature

12/22/25

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.***

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

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	Jeremy Benson	Date Submitted	12/16/25		COPY
School/Work Site	SES				
Name of Meeting/Conference	KMEA State Conference				
Date(s) of Meeting/Conference	Feb 4-7, 2026	Departure Time	5pm	Return Time	12:00 pm
Place of Meeting/Conference	Louisville, KY				
Rationale for Attendance	Professional Development				
Expenses paid by:	<input type="checkbox"/> SBDM <input type="checkbox"/> PD <input type="checkbox"/> Spec Ed <input type="checkbox"/> KETS <input checked="" type="checkbox"/> Other (MUST Specify) #3155 School Activity Funds				

Estimated Expenses							
Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
135		120	116.96		200		571.96

Principal Signature: Julie B. Scam Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
Reason _____
Superintendent Signature J. Shl Date 12/18/23

Submit this section before registering. 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. ***

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 YOUR APPROVAL.
Complete ALL items on top half of form.
Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Constance Bland Date Submitted 1-5-24
School/Work Site FSMS YSC
Name of Meeting/Conference Regional Advisory Meeting
Date(s) of Meeting/Conference 1-9-24 Departure Time 9:30 AM Return Time 3pm
Place of Meeting/Conference Chung's in Bowling Green KY
Rationale for Attendance FRYSC State Recruitment
Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) FSMS YSC

Estimated Expenses:

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

Principal Signature: Mallory Stamps Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
Reason _____ Superintendent Signature J Shl Date 1/8/24

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

Constance Bland 1-5-24
Employee Signature Date

Central Office Use:

Coding

Supervisor Signature Date

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 Lucinda Eversman Date Submitted 11/18/2016
 School/Work Site Franklin & Lincoln Elem  COTY
 Name of Meeting/Conference Toys for Tots pick-up
 Date(s) of Meeting/Conference 12/1/2015 Departure Time 12:30 Return Time 2pm
 Place of Meeting/Conference metals n more / "North Pole" Old Barren River Rd. B6, KY 42101
 Rationale for Attendance picking up bike donation from Toys for Tots
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) FRYSC

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
—	—	—	70.8	—	—	—	\$ 30.44

Principal Signature: Jamie Neal

Grant/Admin:

Required if Expenses are Paid by Grant Funds

Prior Superintendent Approval:

Approved Not Approved...

Reason _____

Superintendent Signature

1/8/2016

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
12/1/2015	70.8	\$ 30.44	—	—	—	—	\$ 30.44

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

\$30.44

Employee Signature

12/18/2016

Date

Central Office Use:

0452104-0580-129M
Coding

Supervisor Signature

Date

CFO Approval

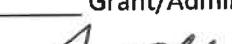
Submit this form to the Principal and Superintendent for PRIOR APPROVAL. Complete ALL items on top half of form. Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name	<u>Lucinda Eversman</u>	Date Submitted	<u>1/8/20</u>
School/Work Site	<u>Franklin & Lincoln Elem FRC</u>		
Name of Meeting/Conference	<u>ASAP</u>		
Date(s) of Meeting/Conference	<u>1/1/2025</u>	Departure Time	<u>11am</u>
		Return Time	<u>8pm</u>
Place of Meeting/Conference	<u>Education Complex, Academic Way Morgantown, Ky</u>		
Rationale for Attendance	<u>quarterly meeting for Substance use prevention</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>FRYSC</u>		

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
—	—	—	69.2	—	—	—	\$29.75

Principal Signature: 	Grant/Admin: _____
Prior Superintendent Approval: _____	Required if Expenses are Paid by Grant Funds
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not Approved...	 , 18/05
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.***

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Reimbursement Due 729.75

Lucinda Erman
Employee Signature

11826
Date

Central Office Use:

0453
Coding

Supervisor Signature

Date

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 Saxon Hale Date Submitted 01/06/2026  **COPY**

School/Work Site Central Office Tech Department

Name of Meeting/Conference KYSTE

Date(s) of Meeting/Conference March 11-13 Departure Time 12:00 Return Time 3:00

Place of Meeting/Conference Kentucky International Convention Center Louisville, KY

Rationale for Attendance Updates on technology and emerging tech

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

Estimated Expenses:

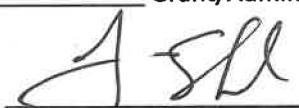
Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
<u>\$235.00</u>	<u>\$750.00</u>	<u>\$120.00</u>					<u>\$1,105.00</u>

Principal Signature: _____ Grant/Admin: _____

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

Approved Not Approved...

Reason _____



Superintendent Signature

1/7/28

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 

01/06/2026

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 Chad Hawkins Date Submitted 12/12/25

School/Work Site Transportation Department  **COPY**

Name of Meeting/Conference FSHS State Cheer Competition

Date(s) of Meeting/Conference 1/9 - 1/10/2025 Departure Time 3:30 pm Return Time 2:00 pm

Place of Meeting/Conference 1/9/25 1/10/25
George Rogers Clark HS / Lexington, KY.

Rationale for Attendance State Cheer Competition

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

Estimated Expenses:

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

Principal Signature: _____ Grant/Admin: _____

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

Approved Not Approved...

Reason _____

J. Shl Superintendent Signature

Date

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

*** 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
<u>1/9/25</u>	-	-	-	<u>\$20.00</u>	<u>\$20.00</u>	<u>\$20.00</u>
<u>1/10/25</u>	-	-	-	<u>\$40.00</u>	<u>\$40.00</u>	<u>\$40.00</u>

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Reimbursement Due \$60.00

Chad Hawkins
Employee Signature

12/12/2025

Date

J. Shl
Supervisor Signature

12/12/25

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

 **COPY**

Employee Name Lori Hanshelle Date Submitted 1-6-25
 School/Work Site Simpson Elementary
 Name of Meeting/Conference Regional AC Meeting
 Date(s) of Meeting/Conference 1-6-25 Departure Time 10:30 Return Time 1:30
 Place of Meeting/Conference Chung B6 3200 Ken Balle Blvd B6 KY
 Rationale for Attendance Regional AC Meeting 42102
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) SES FEE

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: Lori Hanshelle

Grant/Admin:

Prior Superintendent Approval:

Approved Not Approved...

Reason _____

Superintendent Signature J. Shhl

Required if Expenses are Paid by Grant Funds

1/6/25
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.
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	11/7/2014
School/Work Site	FSHS CTE		
Name of Meeting/Conference	DOT Training / Vital Sign assessment		
Date(s) of Meeting/Conference	01/14/2014	Departure Time	0800
		Return Time	3:00
Place of Meeting/Conference	Snider's Workshop, Witt Rd Franklin, KY		
Rationale for Attendance	Students taking vital signs for DOT Trainees		
Expenses paid by:	<input type="checkbox"/> SBDM <input type="checkbox"/> PD <input type="checkbox"/> Spec Ed <input type="checkbox"/> KETS <input checked="" type="checkbox"/> 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
—	—	—	—	—	\$100.00 xx		\$100.00

Principal Signature:  Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
Reason _____
Superintendent Signature:  Date: 1/8/20

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. ***

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Reimbursement Due

Employee Signature Date

Date

1171₂₀

Supervisor Signature

Central Office Use:

Coding

CFO Approval

Submit this form to the Professional Staff
Superintendent for **PRIOR APPROVAL**.
Complete all items on top half of form.
Associate, certifying signature and legal address.

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name	April McNaughton	Date Submitted	1/8/2026
School/Work Site	RTC	CCW	
Name of Meeting/Conference	Contract mtg w/KDE		
Date(s) of Meeting/Conference	1/20-21/2026	Departure Time	12:00
		Return Time	6:30
Place of Meeting/Conference	KDE, Frankfort		
Rationale for Attendance	contract mtg w/KDE		
Expenses paid by:	<input type="checkbox"/> SBDM <input type="checkbox"/> PD <input type="checkbox"/> Spec Ed <input type="checkbox"/> KETS <input checked="" type="checkbox"/> Other (MUST Specify) RTC		

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
130.00		60.00					190.00

Principal Signature: _____	Grant/Admin: _____	Required if Expenses are Paid by Grant Funds
<u>Prior Superintendent Approval:</u>		
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved...	1/8/25	
Reason _____	Superintendent Signature	

Submit this section upon returning. Include any original receipts, mileage and signitures.
***** 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.*****

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Reimbursement Due

April McDayton
Employee Signature

1 | 8 | 2026
Date

Central Office Use:

Coding

Supervisor Signature

Date

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 COPY

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Michelle Mr. Pherson Date Submitted 11/7/24

School/Work Site FSHS CTE

Name of Meeting/Conference DOT Training /Vital Sign Assessment

Date(s) of Meeting/Conference 01/14/24 Departure Time 0800 Return Time 03:00

Place of Meeting/Conference Snider's Workshop, Witt Rd Franklin, KY

Rationale for Attendance Students taking vital signs for DOT Trainees

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
—	—	—	—	—	100.00 /xy	—	\$100.00 /xy

Principal Signature: Grant/Admin: _____

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

✓ Approved Not Approved  1/15/2023

Approved Not Approved...
Reason: _____

Reason _____ 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

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

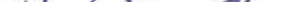
SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name	Shelina Smith	Date Submitted	12/17/25	<input type="checkbox"/>	COPY
School/Work Site	Central Office				
Name of Meeting/Conference	KWEL				
Date(s) of Meeting/Conference	12/27 - 12/29/26	Departure Time	6:00am	Return Time	4:00pm
Place of Meeting/Conference	Crowne Plaza				
Rationale for Attendance	Annual KWEL Conference				
Expenses paid by:	<input type="checkbox"/> SBDM <input type="checkbox"/> PD <input type="checkbox"/> Spec Ed <input type="checkbox"/> KETS <input checked="" type="checkbox"/> Other (MUST Specify) TQ				

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
\$499	\$350.62	\$100.	\$111.80		\$0	\$0	\$1,061.42

Principal Signature: _____ Grant/Admin: 

Prior Superintendent Approval: 1-221 Required if Expenses are Paid by Grant Funds

✓ Approved Not Approved..

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	
1/27/26				\$40			
1/28/26				\$40			
1/29/26				\$20			

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