


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 KWEL   
Date(s) of Meeting/Conference 1/27 - 1/29/26 Departure Time 6:00am Return Time 4:00pm  
Place of Meeting/Conference Crowne Plaza  
Rationale for Attendance Annual KWEL Conference  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) TA

## Estimated Expenses:

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

Principal Signature: \_\_\_\_\_ Grant/Admin: [Signature]  
Prior Superintendent Approval: \_\_\_\_\_  
☒ Approved ☐ Not Approved...  
Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 12/22/25  
Required if Expenses are Paid by Grant Funds

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
<u>1/27</u>	<u>130</u>			<u>\$40.-</u>		
<u>1/28</u>				<u>\$40.-</u>		
<u>1/29</u>	<u>130</u>			<u>\$20.-</u>		

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

Kelly Baker 12/17/25  
Employee Signature Date

Supervisor Signature Date

Central Office Use:

Coding

CFO Approval

# SIMPSON COUNTY SCHOOLS

## OUT-OF-DISTRICT TRAVEL AUTHORIZATION

CFO Approval

Submit this form to the Principal and  
Superintendent for PRIOR APPROVAL.  
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Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Constance Bland Date Submitted 1-5-26  
School/Work Site FSMS YSC  
Name of Meeting/Conference Regional Advisory Meeting  
Date(s) of Meeting/Conference 1-9-26 Departure Time 9:30 AM Return Time 3pm  
Place of Meeting/Conference Chick's in Bowling Green Ky  
Rationale for Attendance FRSC State Requirement  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) FSMS YSC  
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: Mallory Arroyo Grant/Admin: \_\_\_\_\_  
Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
☒ Approved ☐ Not Approved...  
Reason \_\_\_\_\_ Superintendent Signature JSH Date 1/8/26

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.

Employee Signature Constance Bland Date 1-5-26

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Reimbursement Due

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.  
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Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lucinda Eversman Date Submitted 1/8/20  
School/Work Site Franklin & Lincoln Elem  
Name of Meeting/Conference Top for Tots pick-up  
Date(s) of Meeting/Conference 12/1/25 Departure Time 12:30 Return Time 2pm  
Place of Meeting/Conference metals n more / "North Pole" Old Banner River Rd. Bg. KY 420  
Rationale for Attendance picking up bike donation from Toys for Tots  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) FRUSC  
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: \_\_\_\_\_  
Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
\_\_\_\_ Approved \_\_\_\_ Not Approved...  
Reason \_\_\_\_\_ Superintendent Signature [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.\*\*\*

Date	# Miles	Charge @ \$.43	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	
12/1/25	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

Lucinda Eversman 1/8/20  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date

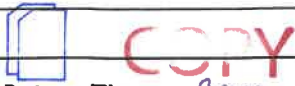
Central Office Use:

0452104-0580-129M  
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 Lucinda Eversman Date Submitted 11/8/26  
 School/Work Site Franklin & Lincoln Elem FRC  
 Name of Meeting/Conference ASAP   
 Date(s) of Meeting/Conference 12/9/25 Departure Time 11am Return Time 8pm  
 Place of Meeting/Conference Education Complex, Academic Day Morgantown, Ky  
 Rationale for Attendance quarterly meeting for substance use prevention  
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Fry SC

## 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: Jamie Neal Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
☒ Approved ☐ Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature JSH Date 1/8/25

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
12/9/25	69.2	\$29.75	—	—	—	\$29.75

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 \$29.75

Lucinda Eversman 11/8/26  
 Employee Signature Date

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Central Office Use:

0452104-0580-129M  
 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 Saxon Hale Date Submitted 01/06/2026  
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 [Signature] Date 1/7/25

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

Employee Signature [Signature] Date 01/06/2026  
Supervisor Signature [Signature] Date \_\_\_\_\_

Central Office Use:

Coding

CFO Approval

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.  
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Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

**COPY**

Employee Name Lori Honshell Date Submitted 1-6-25  
School/Work Site Simpson Elementary  
Name of Meeting/Conference Regional AC Meeting  
Date(s) of Meeting/Conference 1-9-25 Departure Time 10:30 Return Time 1:30  
Place of Meeting/Conference Chuo BG 3260 Ken Bale Blvd BG Ky 42103  
Rationale for Attendance Regional AC Meeting  
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: [Signature] Grant/Admin: \_\_\_\_\_  
Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
☒ Approved ☐ Not Approved...  
Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 1/7/25

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

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Central Office Use:

Coding

CFO Approval

# SIMPSON COUNTY SCHOOLS

## OUT-OF-DISTRICT TRAVEL AUTHORIZATION

CFO Approval

Submit this form to the Principal and  
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Append Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name April McNaughton Date Submitted 1/8/2026  
School/Work Site RTC  
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, Frankfurt  
Rationale for Attendance Contract mtg w/ KDE  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ 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: \_\_\_\_\_  
Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
\_\_\_\_ Approved \_\_\_\_ Not Approved... 1/8/25  
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 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

April McNaughton  
Employee Signature

1/8/2026  
Date

Supervisor Signature

Date

Central Office Use:

Coding

CFO Approval

**SIMPSON COUNTY SCHOOLS**  
**OUT-OF-DISTRICT TRAVEL AUTHORIZATION**

CFO Approval

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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 Shelina Smith Date Submitted 12/17/25 ☐ **COPY**  
School/Work Site Central Office  
Name of Meeting/Conference KWEL  
Date(s) of Meeting/Conference 1/27 - 1/29/26 Departure Time 6:00am Return Time 4:00pm  
Place of Meeting/Conference Crowne Plaza  
Rationale for Attendance Annual KWEL Conference  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ 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				\$1,061.42

Principal Signature: \_\_\_\_\_ Grant/Admin: Shelina Smith  
Prior Superintendent Approval: \_\_\_\_\_ 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 Amount	Explanation	Total
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 \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Central Office Use:

Coding

CFO Approval