

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	Rachel Cothern	Date Submitted	January 14, 2024
School/Work Site	Board Member		
Name of Meeting/Conference	K5BA's 2024 Annual Conference		
Date(s) of Meeting/Conference	Feb 19 - 22, 2024	Departure Time	3:00 pm
Return Time	3:00 pm		
Place of Meeting/Conference	Malt House Hotel, Louisville, Ky		
Rationale for Attendance	Better Education		

Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) 0011011-0580

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
\$595.00	\$653.01	\$120.00	\$116.96	—	—	Parking 60.00	1544.97

Principal Signature: _____ Grant/Admin: _____

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

Approved _____ Not Approved..

Reason _____

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*****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

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>Jammie Mann</u>	Date Submitted	<u>January 14, 2026</u>
School/Work Site	<u>Board Member</u>		
Name of Meeting/Conference	<u>KSBA's 2026 Annual Conference</u>		
Date(s) of Meeting/Conference	<u>Feb 19-22, 2026</u>	Departure Time	<u>3:00 pm</u>
Place of Meeting/Conference	<u>Galt House Louisville Ky</u>		
Rationale for Attendance	<u>Better Education</u>		
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) <u>0011071-0580</u>		

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other Parking \$60.00	Total Est. Expenses
\$595.00	\$653.01	\$120.00	\$116.96	—	—		\$1544.97

Principal Signature: _____ Grant/Admin: _____

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

Approved Not Approved...

Reason

TRAVEL EXPENSE REIMBURSEMENT REQUEST

Original required receipts and signatures. **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

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	David Webster	Date Submitted	Jan 14, 2024
School/Work Site	YBoard Member		
Name of Meeting/Conference	KSBA's 2024 Annual Conf		
Date(s) of Meeting/Conference	Feb 19-22, 2024	Departure Time	8:00 am
Return Time	3:00 pm		
Place of Meeting/Conference	Yatt House Hotel Louisville, Ky		
Rationale for Attendance	Better Education		
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) 0011071-0580		

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
\$595.00	\$653.01	\$120.00	\$116.96	—	—	Parking \$60.00	\$1544.97

Principal Signature: _____ Grant/Admin: _____

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

Approved Not Approved...

1.14.26

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.***

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	<u>Nancy Uhls</u>	Date Submitted	<u>January 14, 2024</u>
School/Work Site	<u>Board Member</u>		
Name of Meeting/Conference	<u>K5BA's 2024 Annual Conference</u>		
Date(s) of Meeting/Conference	<u>Feb 19-22, 2024</u>	Departure Time	<u>3:00 pm</u>
		Return Time	<u>6:00 pm</u>
Place of Meeting/Conference	<u>Malt House Hotel, Louisville, Ky.</u>		
Rationale for Attendance	<u>Better Education</u>		
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) <u>0011071-0580</u>		

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
\$630 ⁰⁰	\$653.01	\$140	\$116.96	—	Porterage \$60	—	\$1599.97

Principal Signature: _____ Grant/Admin: _____

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

Approved _____ Not Approved _____

Reason

Superintendent Signature

1/14/24

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

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 Jim Schlosser Date Submitted January 14, 2024
School/Work Site Superintendent
Name of Meeting/Conference 2026 KSBA Annual Conf
Date(s) of Meeting/Conference Feb 19-22, 2026 Departure Time 3:00 pm Return Time 3:00 pm
Place of Meeting/Conference Balt House Hotel Louisville, Ky
Rationale for Attendance Better Education

Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) 0011015.0580

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
\$1595.00	\$653.01	\$120.00	—	—	—	Portway \$60.00	\$1428.01

Principal Signature: _____ Grant/Admin: _____ Date: _____

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

Approved Not Approved... 1-14-26

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.***

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	<u>Nancy Uhls</u>	Date Submitted	<u>Jan 14, 2024</u>
School/Work Site	<u>Board Member</u>		
Name of Meeting/Conference	<u>COSSBA 2024 National Conference</u>		
Date(s) of Meeting/Conference	<u>March 11 - 15, 2024</u>	Departure Time	<u>12:00 pm</u>
Place of Meeting/Conference	<u>Malt House Hotel, Louisville, Ky.</u>		
Rationale for Attendance	<u>Better Education</u>		

Estimated Expenses

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
\$1,025.00	\$1,017.00	\$180.00	\$116.96	—	—	Parking \$80	\$2418.96

Principal Signature: _____ Grant/Admin: _____

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

Approved Not Approved...

Reason

TRAVEL EXPENSE REIMBURSEMENT REQUEST

Original required receipts and sign-off sheet.

*** B.R. 107, 107.1, 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

Supervisor Signature

Date

CFO Approval