

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 Cothran Date Submitted January 14, 2026  
School/Work Site Board Member  
Name of Meeting/Conference KSBPA's 2026 Annual Conference  
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) 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: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
\_\_\_\_ Approved \_\_\_\_ Not Approved...  
Reason \_\_\_\_\_ Superintendent Signature JSH Date 1.14.26

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.

Reimbursement Due

Employee Signature

Date

Supervisor Signature

Date

Central Office Use:

Coding

CFO Approval

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# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Gammie Mann Date Submitted January 14, 2026  
School/Work Site Board Member  
Name of Meeting/Conference K5BA's 2026 Annual Conference  
Date(s) of Meeting/Conference Feb 19-22, 2026 Departure Time 3:00 pm Return Time 3:00 pm  
Place of Meeting/Conference Galt House Louisville Ky  
Rationale for Attendance Better Education  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ 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
<u>\$595.00</u>	<u>\$653.01</u>	<u>\$120.00</u>	<u>\$116.96</u>	<u>—</u>	<u>—</u>	<u>Parking \$60.00</u>	<u>\$1544.97</u>

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
\_\_\_\_ Approved \_\_\_\_ Not Approved... 1.14.26  
Reason \_\_\_\_\_ 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	

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Reimbursement Due

Employee Signature

Date

Supervisor Signature

Date

Central Office Use:

Coding

CFO Approval



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# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name David Webster Date Submitted Jan 14, 2026  
School/Work Site Board Member  
Name of Meeting/Conference KSBA's 2026 Annual Conf  
Date(s) of Meeting/Conference Feb 19-22, 2026 Departure Time 8:00 am Return Time 3:00 pm  
Place of Meeting/Conference Galt House Hotel Louisville, Ky  
Rationale for Attendance Better Education  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ 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	—	—	Per diem \$60.00	\$1544.97

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
\_\_\_\_ Approved \_\_\_\_ Not Approved...  
Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 1.14.26

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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	
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 \_\_\_\_\_

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# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Nancy Uhler Date Submitted January 14, 2026  
School/Work Site Board Member  
Name of Meeting/Conference KSBA's 2026 Annual Conference  
Date(s) of Meeting/Conference Feb 19-22, 2026 Departure Time 3:00pm Return Time 6:00pm  
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) 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
\$630.00	\$653.01	\$140	\$116.96	—	Parking \$60	—	\$1599.97

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
\_\_\_\_ Approved \_\_\_\_ Not Approved...  
Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 1/14/26

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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	

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



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# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Jim Schlosser Date Submitted January 14, 2026  
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) 00110 75.0580  
Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
<u>\$595.00</u>	<u>\$653.01</u>	<u>\$120.00</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>Parking \$60.00</u>	<u>\$1428.01</u>

Principal Signature: \_\_\_\_\_ Grant/Admin: JSH  
Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
\_\_\_\_ Approved \_\_\_\_ Not Approved... 1-14-26  
Reason \_\_\_\_\_ Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

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## TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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Reimbursement Due

Employee Signature

Date

Supervisor Signature

Date

Central Office Use:

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# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Nancy Uhls Date Submitted Jan 14, 2026  
School/Work Site Board Member  
Name of Meeting/Conference COSSBA 2026 National Conference  
Date(s) of Meeting/Conference March 11 - 15, 2026 Departure Time 12:00 pm Return Time 6:30 pm  
Place of Meeting/Conference Walt House Hotel, Louisville, Ky.  
Rationale for Attendance Better Education  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ 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
\$1,025.00	\$1,017.00	\$180.00	\$116.96	—	—	Parking \$80	\$2418.96

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
\_\_\_\_ Approved \_\_\_\_ Not Approved...  
Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 1.14.26

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## TRAVEL EXPENSE REIMBURSEMENT REQUEST

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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