

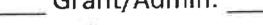
Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**. Complete ALL items on top half of form. Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name	Timothy Schlosser	Date Submitted	Jan 14, 2024
School/Work Site	Superintendent	Assoc	
Name of Meeting/Conference	AASA American Association of Superintendents		
Date(s) of Meeting/Conference	Feb 12 -14, 2026	Departure Time	12:00 pm
Place of Meeting/Conference	Return Time		
Rationale for Attendance	Nashville, TN.		
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) 0011075-0580		

Estimated Expenses:							
Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
\$200.00	\$400.00	\$180	—	—	—	Parking \$60	\$740.00

Principal Signature: _____	Grant/Admin: _____
<u>Prior Superintendent Approval:</u>	Required if Expenses are Paid by Grant Funds
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved...	 1.14.24
Reason _____	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