


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 Melanie Abney Date Submitted 1/9/26  **COPY**

School/Work Site FSHS

Name of Meeting/Conference STAR Events

Date(s) of Meeting/Conference 2/3/26 Departure Time 8:00 am Return Time 3:00 pm.

Place of Meeting/Conference GRECC - Bowling Green, KY

Rationale for Attendance Regional competition

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

Estimated Expenses:

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

Principal Signature: _____ Grant/Admin: _____

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

Approved Not Approved... _____ 1/12/20

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	

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

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL** of expenses. All items on one half of form. Attach Meeting Registration Form

Employee Name Constance Blawie Date Submitted 2-5-26
 School/Work Site FSUS
 Name of Meeting/Conference FSUS Regional Meeting
 Date(s) of Meeting/Conference 2-12-26 Departure Time 7 AM Return Time 2:30 pm
 Place of Meeting/Conference Logan Co. Education Office Putnam Co
 Rationale for Attendance FSUS Regional Meeting
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) FSUS/SEL

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.43 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	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 2/11/26

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	

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Employee Signature [Signature] Date 2-5-26

Supervisor Signature _____ Date _____

Reimbursement Due

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 Amie Chaney Date Submitted 1/12/26 COPY

School/Work Site SES

Name of Meeting/Conference Southeast School Safety Summit

Date(s) of Meeting/Conference 2/24-2/27/26 Departure Time 7:00 Return Time 4:00

Place of Meeting/Conference ARREC

Rationale for Attendance School Safety / Mental Health / Substance Abuse

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

Estimated Expenses: Previous Days Out - 1

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.43 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
\$199	—	—	125 @ .43 \$51.60	—	—	—	\$250.60

Principal Signature: [Signature] Grant/Admin: _____

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

Approved Not Approved... Reason _____

Superintendent Signature [Signature] Date 1/12/26

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

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 Lucinda Eversman Date Submitted 2/9/26
 School/Work Site Franklin & Lincoln Elem. PRC
 Name of Meeting/Conference School Safety Summit
 Date(s) of Meeting/Conference 2/26 - 2/27 Departure Time 8:00am Return Time 4:00pm
 Place of Meeting/Conference Embassy Suites 556 Hub Blvd Bowling Green, Ky. 42101
 Rationale for Attendance conference focused on drug trends, substance use, & digital threats
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) FRYSC

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.43 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
\$204.97	-	-	-	-	-	-	204.97

Principal Signature: J. Hanson Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature J. Shi Date 2/10/26

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 Lucinda Eversman Date 2/9/26

Supervisor Signature _____ Date _____

Central Office Use:
0452104-0580-12AM
 Coding

 CFO Approval

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

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

Employee Name Lucinda Eversman Date Submitted 2/9/26 ☐ COPY

School/Work Site Franklin & Lincoln Elem FRC

Name of Meeting/Conference delivering weekend food backpacks during NTL

Date(s) of Meeting/Conference 2/6/26 Departure Time 1pm Return Time 4:30pm

Place of Meeting/Conference Franklin, KY

Rationale for Attendance food insecurity while out of school due to winter weather

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

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.43 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
—	—	—	34	—	—	—	14.62

Principal Signature: [Signature] Grant/Admin: _____

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

Approved Not Approved... Reason _____

[Signature] 2/10/26
 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	
2/6/26	34	14.62	—	—	—	15 households	14.62
Reimbursement Due							14.62

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.

Lucinda Eversman 2/9/26
Employee Signature Date

Supervisor Signature Date

Central Office Use:

0452104-0580-0129M
Coding

CFO Approval

Submit this form to the Principal and Superintendent for PRIOR APPROVAL. Complete All Items on the rest of form. Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name Lucinda Eversman Date Submitted 2/5/26
 School/Work Site Franklin & Lincoln Elementary
 Name of Meeting/Conference FRYSC Regional meeting
 Date(s) of Meeting/Conference 2/12/26 Departure Time 8am Return Time 2pm
 Place of Meeting/Conference Logan County Extension Office, Russellville, Ky
 Rationale for Attendance regional FRYSC meeting
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) FRYSC

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.43 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
			46				19.78

Principal Signature: [Signature] Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 2/10/26

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	

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Reimbursement Due

Lucinda Eversman 2/5/26
 Employee Signature Date

Central Office Use:
0453104.0580-129M
 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

COPY

Employee Name Lucinda Eversman Date Submitted 1/9/26

School/Work Site Franklin & Lincoln Elem PKC

Name of Meeting/Conference delivering weekend food backpacks

Date(s) of Meeting/Conference 1/9/26 Departure Time 3pm Return Time 4pm

Place of Meeting/Conference Franklin, Ky to addresses listed in IC

Rationale for Attendance delivered 8 food backpacks to 8 AM pre-K students

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

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.43 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
-	-	-	27.9	-	-	-	\$11.99

Principal Signature: [Signature] Grant/Admin: _____

Prior Superintendent Approval: _____

Approved Not Approved... Reason: _____

Required if Expenses are Paid by Grant Funds

[Signature] 1/12/26
 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	

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Lucinda Eversman 1/9/26
 Employee Signature Date

[Signature] 1/9/26
 Supervisor Signature Date

Reimbursement Due

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 Kyle Graves Date Submitted 1/15/26 COPY

School/Work Site FSHS

Name of Meeting/Conference UT MARTIN HONOR BAND

Date(s) of Meeting/Conference 1/22 - 1/24 Departure Time 7:30 AM Return Time 8:00 PM

Place of Meeting/Conference UT MARTIN

Rationale for Attendance 12 students selected for Honor Band

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

Estimated Expenses:

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

Principal Signature: _____ Grant/Admin: _____

Prior Superintendent Approval: Approved Not Approved... Required if Expenses are Paid by Grant Funds

Reason _____ Superintendent Signature [Signature] Date 1/21/25

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

COPY

Employee Name Lori Honshell Date Submitted 2-6-26
 School/Work Site Simpson Elementary FRC
 Name of Meeting/Conference Regional Meeting
 Date(s) of Meeting/Conference 2/12/26 Departure Time 8 Return Time 2
 Place of Meeting/Conference Logan County Extensive Office
 Rationale for Attendance Mandatory
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) SES FRC

Estimated Expenses:

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

Principal Signature: Joye Pais Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature J Shu Date 2/6/26

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					Amount	Explanation	
Reimbursement Due							

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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. Avoid Missing Registration Points

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name Lori Honshell Date Submitted 1-13-26

School/Work Site Simpson FRC Coordinator

Name of Meeting/Conference CPP Training

Date(s) of Meeting/Conference 1-16-26 Departure Time 8 Return Time 3

Place of Meeting/Conference Russellville Tech Center building

Rationale for Attendance training for Grant

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

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.43 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	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 1/14/26

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

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Reimbursement Due

Employee Signature Date

Supervisor Signature Date

Central Office Use:

Coding

CFO Approval