

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 Bryan Jones Date Submitted 2/10/26  
 School/Work Site FSHS  
 Name of Meeting/Conference Region 2 FBLA Leadership Conference  
 Date(s) of Meeting/Conference 2/26-27/26 Departure Time 8:00 am Return Time 4:00 pm  
 Place of Meeting/Conference WKU  
 Rationale for Attendance Help setting up for conference w/ 2 Regional Officers + Supervision  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) FBLA

**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
—	—	—	—	—	\$200	—	\$200

Principal Signature: [Signature] Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: [Signature] 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	

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

Employee Name Bryan Jones Date Submitted 1/15/26  
 School/Work Site FSHS  
 Name of Meeting/Conference FBLA Region 2 Officer Meeting  
 Date(s) of Meeting/Conference 2/6/26 Departure Time 8:00 Return Time 3:00  
 Place of Meeting/Conference Olde Stone in Bowling Green, KY  
 Rationale for Attendance Working w/ Region 2 Officers including two of our students  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) FBLA

COPY

**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...  
 Reason: \_\_\_\_\_ Superintendent Signature: [Signature] Date: 1/15/26

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

COPY

Employee Name Amber Lamastus Date Submitted 1/8/26  
 School/Work Site FSMS  
 Name of Meeting/Conference KMEA  
 Date(s) of Meeting/Conference Feb. 4-7, 2026 Departure Time 8:00AM Return Time N/A  
 Place of Meeting/Conference Louisville, ~~XXXX~~ KICC  
 Rationale for Attendance PD & Honor Band (All-State)  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) \_\_\_\_\_  
 Estimated Expenses: split if possible

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
—	\$617.72	\$120.00	\$115.24	—	\$300.00	\$90.00 <small>parking</small>	\$1152.96

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

Amber Lamastus 12-16-25  
 Employee Signature Date

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

Reimbursement Due

Central Office Use:

\_\_\_\_\_  
Coding

\_\_\_\_\_  
CFO Approval

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 Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Shalee Mann Date Submitted Jan 20, 2024  
 School/Work Site ESHS  
 Name of Meeting/Conference College + Career Readiness COPY  
 Date(s) of Meeting/Conference Jan 22, 2024 Departure Time 7:30am Return Time 3:30pm  
 Place of Meeting/Conference GRREC  
 Rationale for Attendance Continued Education  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) \_\_\_\_\_

**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
/	/	/	.43 x 63 = \$27.09	/	/	/	\$27.09

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature JSHL Date 1/22/24

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

Employee Name Sarah Richardson Date Submitted 2/3/2026  
 School/Work Site Central Office  
 Name of Meeting/Conference KSNA Kentucky Legislative Action Conference  
 Date(s) of Meeting/Conference 2/24/26 Departure Time 6:00 am Return Time 4:00 pm  
 Place of Meeting/Conference KY State Capitol, Frankfort, KY  
 Rationale for Attendance Annual legislative action conference  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) Food Service

**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
			143.62				143.62

Principal Signature: Sarah Richardson Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature J She Date 2/6/26

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 Sarah Richardson Date Submitted 2/3/2024

School/Work Site Central Office

Name of Meeting/Conference General Mills K12 Connect

Date(s) of Meeting/Conference 2/11/26 Departure Time 5:00am Return Time 4:00pm

Place of Meeting/Conference The Kentucky Castle, Versailles, KY

Rationale for Attendance Networking for new items for '26-'27 school year

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

**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
			141.04				141.04

Principal Signature: Sarah Richardson Grant/Admin: \_\_\_\_\_

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

Approved  Not Approved... Reason \_\_\_\_\_

JSH Superintendent Signature 2/6/24 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.\*\*\*

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



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 Kayla Segura Date Submitted 2/10/26  
 School/Work Site FHS  
 Name of Meeting/Conference Region 2 FBLA Leadership Conference  
 Date(s) of Meeting/Conference 2/27/26 Departure Time 8:00am Return Time 4:00 pm  
 Place of Meeting/Conference WKU  
 Rationale for Attendance Supervision of students attending conference  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) FBLA

**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: \_\_\_\_\_  
Required if Expenses are Paid by Grant Funds  
 Prior Superintendent Approval: \_\_\_\_\_  
 Approved  Not Approved...  
 Reason: \_\_\_\_\_ Superintendent Signature J. Shull Date 2/11/26

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

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

Employee Name Kayla Segura Date Submitted 1/15/26  
 School/Work Site FSHS COPY  
 Name of Meeting/Conference FBLA Region 2 Officer Meeting  
 Date(s) of Meeting/Conference 2/16/26 Departure Time 8:00 Return Time 3:00  
 Place of Meeting/Conference Old Stone in Bowling Green, KY  
 Rationale for Attendance Working w/ Region 2 officers including two students  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) FBLA

**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...  
 Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 1/15/26

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## TRAVEL EXPENSE REIMBURSEMENT REQUEST

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					Amount	Explanation	

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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 Stevens Date Submitted 1-7-26  
 School/Work Site Lincoln  
 Name of Meeting/Conference Autism Cadre at G  
 Date(s) of Meeting/Conference 1/23/26 Departure Time 7:30 am Return Time 4:00 pm  
 Place of Meeting/Conference 230 Technology Way B G KY 42101  
 Rationale for Attendance member of cadre for district  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) \_\_\_\_\_

**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
			29.24				

Principal Signature: Natake Mcatcher Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 1/12/26  
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		Total
					Amount	Explanation	

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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

Employee Name Kaylee Tribolet Date Submitted 1/7/2026 COPY

School/Work Site Lincoln Elementary School

Name of Meeting/Conference KMEA conference

Date(s) of Meeting/Conference February 4<sup>th</sup>-7<sup>th</sup> 2026 Departure Time 4:00pm Return Time 3:00pm

Place of Meeting/Conference Kentucky International Convention Center

Rationale for Attendance Professional Development

Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) Registration - SBDM  
Hotel - PD

**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
\$135	350.00	\$120	\$116.96		\$200		921.96

Principal Signature: Natako McCutcher Grant/Admin: \_\_\_\_\_

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

Approved  Not Approved... Reason \_\_\_\_\_

  
 Superintendent 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	
<b>Reimbursement Due</b>							

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

