

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 Tony Loran Date Submitted 3/10/26
 School/Work Site FSHS
 Name of Meeting/Conference Boys Basketball State Tournament
 Date(s) of Meeting/Conference March 18-22 Departure Time TBA Return Time TBA
 Place of Meeting/Conference Lexington, KY
 Rationale for Attendance an awareness level activity
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Jr. Wildcat Basketball

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
	<u>Paid</u>	<u>\$160.00</u>					<u>\$160.00</u>

Principal Signature: [Signature] Grant/Admin: JR Wildcat
 Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature _____ Date 3/11/26

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	

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 Bethany Minix Date Submitted 2/20/2026
 School/Work Site FSMS
 Name of Meeting/Conference Regional FFA Contests
 Date(s) of Meeting/Conference 03/17/26 Departure Time 8:00AM Return Time 2:30PM
 Place of Meeting/Conference WKU Glasgow
 Rationale for Attendance Students will compete in contests for State
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) FFA

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
—	—	<u>20.00</u>	—	—	<u>\$100</u>	—	<u>\$120.00</u>

Principal Signature: [Signature] Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 3/2/26

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
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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 Lindsay Murray Date Submitted 2/18/26
 School/Work Site Simpson Elementary
 Name of Meeting/Conference Jostens Renaissance Conference
 Date(s) of Meeting/Conference June 13-16 Departure Time 6:00am Return Time 9:00pm
 Place of Meeting/Conference Gaylord Palms Orlando, Florida
 Rationale for Attendance School Climate/culture; district-wide attendance

Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) district per Mr. Schlosser

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
\$599.00		\$240	42.12	500.00	0		1381.12

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature *J. Sch* Date 2/25/26

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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Employee Signature *Jolke Pais* Date 2/19/2026

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 COPY

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Sarah Richardson Date Submitted 3/2/2026
 School/Work Site Central Office
 Name of Meeting/Conference Foodservice Network Meeting
 Date(s) of Meeting/Conference 3/6/26 Departure Time 8:00am Return Time 2:30pm
 Place of Meeting/Conference GRREC - Bowling Green
 Rationale for Attendance Mtg w/ foodservice directors in GRREC district
 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

Principal Signature: Sarah Richardson Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 3/4/26

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 COPY

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Sarah Richardson Date Submitted 3/2/2026
 School/Work Site Central Office
 Name of Meeting/Conference Foodservice Network Meeting
 Date(s) of Meeting/Conference 3/6/26 Departure Time 8:00am Return Time 2:30pm
 Place of Meeting/Conference GRREC - Bowling Green
 Rationale for Attendance Mtg w/ foodservice directors in GRREC district
 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

Principal Signature: Sarah Richardson Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 3/4/26

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 Ally Schornak Date Submitted 2/18/26
 School/Work Site Simpson Elementary
 Name of Meeting/Conference Jostens Renaissance Conference
 Date(s) of Meeting/Conference June 13-16 Departure Time 6:00am Return Time 9:00pm
 Place of Meeting/Conference Gaylord Palms Orlando, Florida

Rationale for Attendance School Climate/culture; district-wide attendance

Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) district per Mr. Schlosser

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
\$599.00		\$240	42.12	500.00	0		1381.12

Principal Signature: _____ Grant/Admin: _____

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

Approved Not Approved... J. Sch 2/28/26
 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.***

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

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Jayce Paus 2/19/2026
 Employee Signature Date

Supervisor Signature _____ Date _____

Reimbursement Due

Central Office Use:

Coding

CFO Approval

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Complete ALL items on top half of form.
Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name Dee Spence Date Submitted 3/10/26
 School/Work Site FSHS
 Name of Meeting/Conference Boys Basketball State Tournament
 Date(s) of Meeting/Conference March 18-22 Departure Time TBA Return Time TBA
 Place of Meeting/Conference Lexington, KY
 Rationale for Attendance an awareness level activity
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Jr. Wildcat Basketball

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
	Paid	\$160.00	344 miles 147.92				307.92

Principal Signature: [Signature] Grant/Admin: JL Wilson
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 3/11/26

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

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

#6150

Employee Name Julie Traugher Date Submitted 3/6/26
 School/Work Site Central Office
 Name of Meeting/Conference 13th Annual AEPA Vendor Showcase
 Date(s) of Meeting/Conference March 18, 2026 Departure Time 7:40am Return Time 4:15pm
 Place of Meeting/Conference GRREC
 Rationale for Attendance Meet with AEPA vendors
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) 0011080-0580

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back</small>	Mileage <small>50¢ per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
FREE	<u> </u>	<u> </u>	<u>65.2 x .43 = \$28.04</u>	<u> </u>	<u> </u>	<u> </u>	<u>\$28.04</u>

Principal Signature [Signature] Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 3/9/26

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Employee Signature Julie D. Traugher Date _____
 Supervisor Signature _____ Date _____

Reimbursement Due

Central Office Use:
0011080-0580
 Coding _____
 CFO Approval _____

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
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Attach Meeting Registration Form



Employee Name Josh Tucker Date Submitted 2/18/26
 School/Work Site Simpson Elementary
 Name of Meeting/Conference Jostens Renaissance Conference
 Date(s) of Meeting/Conference June 13-16 Departure Time 6:00am Return Time 9:00pm
 Place of Meeting/Conference Gaylord Palms Orlando, Florida

Rationale for Attendance School Climate/culture; district-wide attendance

Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) district per Mr. Schlosser

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
\$599.00	\$900	\$240	42.14	500.00	0		2281.14

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature *JSM* Date 2/25/26

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TRAVEL EXPENSE REIMBURSEMENT REQUEST

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Employee Signature *Joyce Pais* Date 2/19/2026

Supervisor Signature _____ Date _____

Reimbursement Due

Central Office Use:

Coding

CFO Approval
