

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

COPY

Employee Name Chelsea Adams Date Submitted 2/17/26
 School/Work Site FSHS
 Name of Meeting/Conference Washington D.C. for Tomorrow's Leaders
 Date(s) of Meeting/Conference 2/24-2/28 Departure Time 8:00 Return Time 4:30
 Place of Meeting/Conference Washington D.C.
 Rationale for Attendance Tomorrow's Leaders
 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
	446.96	195.00	41.28	300.00	-		972.74

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____
 Approved Not Approved...
 Reason: _____
 Superintendent Signature: [Signature] Date: 2/23/26
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	

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: Chelsea Adams Date: 2/17/26
 Supervisor Signature: _____ Date: _____

Reimbursement Due

Central Office Use:

Coding

CFO Approval

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION



Employee Name Laura Doty 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 *JSH* 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	

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 *Josée Paus* Date 2/19/2026
 Supervisor Signature _____ Date _____

Reimbursement Due

Central Office Use:

Coding

CFO Approval

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

 **COPY**

Employee Name Stephanie Downey #8694 Date Submitted 2/11/26
 School/Work Site Franklin Simpson High School
 Name of Meeting/Conference KWEL
 Date(s) of Meeting/Conference 2/18 + 2/20 Departure Time 4:00pm Return Time 4:00pm
 Place of Meeting/Conference Crowne Plaza-Louisville, KY
 Rationale for Attendance KWEL Induction - 9th Annual Forum
 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
	350.64	80.00	116.10				546.74

Principal Signature: _____ Grant/Admin: [Signature]
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] 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	
2/18 - 2/20	270.2 ^{mile} 135.1 (each way) jet	116.00	350.64	40.00			506.64
<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <p style="font-size: 2em; margin: 0;">RECEIVED</p> <p style="margin: 0;">FEB 27 2026</p> <p style="margin: 0;">BY: _____</p> </div>							
Reimbursement Due							506.64

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.

Stephanie Downey 2/11/26
 Employee Signature Date
[Signature] 2/6/26
 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**.
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Attach Meeting Registration Form

Employee Name Sarah Val Evans Date Submitted 2/26/26
 School/Work Site FSHS CTE
 Name of Meeting/Conference Buckeye River Region Leadership Conference
 Date(s) of Meeting/Conference 3/4/26 Departure Time 8:00 Return Time 3:00
 Place of Meeting/Conference WKU Expo
 Rationale for Attendance Student Achievement
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 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 3/9/26

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 @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

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Reimbursement Due

Employee Signature Date

Supervisor Signature Date

Central Office Use:

Coding

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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 Lesley Forshee Date Submitted 2-16-26
 School/Work Site Central Office
 Name of Meeting/Conference KASHRM Boot Camp
 Date(s) of Meeting/Conference 2-19-26 Departure Time 7:30 am Return Time 4:00 pm
 Place of Meeting/Conference GRREC
 Rationale for Attendance awareness level activity
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) General Fund

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
			\$27.52				

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

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
					Amount	Explanation	
2-19-26	64	\$27.52					

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Reimbursement Due

Employee Signature: [Signature] Date: 2/20/26
 Supervisor Signature: [Signature] Date: 2/20/26

Central Office Use:

Coding

CFO Approval

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 Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name Caitlyn Hogan 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: JR WILSON
 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	

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Reimbursement Due

Employee Signature _____ Date _____
 Supervisor Signature _____ Date _____

Central Office Use:

Coding

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name Carlton Hogan 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 7AM Return Time 7PM
 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	\$100. ⁰⁰					\$100. ⁰⁰

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

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					Amount	Explanation	

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Reimbursement Due

Employee Signature _____ Date _____
 Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval