

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 4/1/26
 School/Work Site FSHS
 Name of Meeting/Conference FCCLA Spring Mtg.
 Date(s) of Meeting/Conference 4/17/26 Departure Time 8:00 am Return Time 3:00 pm
 Place of Meeting/Conference WKU
 Rationale for Attendance regional STAR event awards / training for 26-27 year
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Perkins

COPY

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 4/2/26

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 @ \$.46	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.
Complete ALL items on top half of form.
Attach Meeting Registration Form

Employee Name Chelsea Adams Date Submitted 4/13/26 COPY
 School/Work Site FSHS
 Name of Meeting/Conference FRYSC Network and Mental Health Symposium
 Date(s) of Meeting/Conference 4/22 + 4/23 Departure Time 7:30am Return Time 5:00 pm
 Place of Meeting/Conference GRECC
 Rationale for Attendance FRYSC and CEUS hours
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) 0402104-0580-128M

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>55.04</u>				

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved... 4/13/26
 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	

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

Employee Name Chelsea Adams Date Submitted 4/13/26
 School/Work Site FSHS
 Name of Meeting/Conference FRYSC Connect
 Date(s) of Meeting/Conference 4/28/26 Departure Time 7:30am Return Time 3:30pm
 Place of Meeting/Conference GRECC
 Rationale for Attendance FRYSC hours
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) 0402104-0580-128M



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: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____
 Approved Not Approved...
 Reason _____ Superintendent Signature JSH Date 4/13/26

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 Chelsea Adams Date Submitted 4/13/26  **COPY**
 School/Work Site FSHS
 Name of Meeting/Conference FPYSC Regional Meeting
 Date(s) of Meeting/Conference 4/16/26 Departure Time 7:30 Return Time 3:30
 Place of Meeting/Conference Center for Courageous Kids, Scottsville, KY
 Rationale for Attendance Mandatory FPYSC training
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) 0402104 - 0580-128M

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>20.64</u>				

Principal Signature:  Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved... 4/13/26
 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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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 Michael Barnum Date Submitted 3/23/26

School/Work Site Central Office

Name of Meeting/Conference KY Emp. Health Plan Training

Date(s) of Meeting/Conference 3/24/26 Departure Time 4:50AM Return Time 2:30pm or 5pm

Place of Meeting/Conference Frankfort

Rationale for Attendance Required Job Training

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
/	/	\$20.00	168 miles x 2 336 = 144.48	/	/	/	\$20.00

Principal Signature: _____ Grant/Admin: _____

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

Approved Not Approved... 3/24/26

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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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 Jonathan Beard Date Submitted 3/25/26 
 School/Work Site Franklin Simpson Middle School
 Name of Meeting/Conference Jostens Renaissance Conference
 Date(s) of Meeting/Conference June 13th-16th 2026 Departure Time _____ Return Time _____
 Place of Meeting/Conference Orlando Fl

Rationale for Attendance _____
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) 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
\$595	\$900	\$150		\$500			\$2145

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

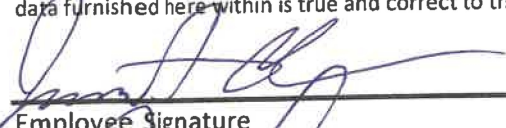
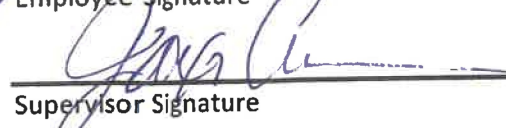
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TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** 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  Date 3-24-26
 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

COPY

Employee Name Constance Blanc Date Submitted March 18-24

School/Work Site FSMS

Name of Meeting/Conference FRYSC Council

Date(s) of Meeting/Conference April 28th Departure Time 7:30am Return Time 4pm

Place of Meeting/Conference Excell in B.G. by

Rationale for Attendance FRYSC travel

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>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
\$20							\$20

Principal Signature: Mullany Grant/Admin: J Shl

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

Approved Not Approved...
Reason _____ Superintendent Signature _____ Date 3/19/24

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

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Constance Blanc 3-19-24
Employee Signature Date

Supervisor Signature Date

Reimbursement Due

Central Office Use:

Coding

CFO Approval

5/06
New-Add

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 Constance Blane Date Submitted March 19, 26

School/Work Site FSUS

Name of Meeting/Conference GRLEC FLYSC network

Date(s) of Meeting/Conference April 22, 26 Departure Time 7:15 Am Return Time 3:30 pm

Place of Meeting/Conference GRLEC event Center 230 Tech. Way Bldg 14

Rationale for Attendance FLYSC train

Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) FSUS/SC

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

Principal Signature: Mallory [Signature] Grant/Admin: _____

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

Approved Not Approved... [Signature] 3/19/26

Reason _____ Superintendent Signature _____ Date _____

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TRAVEL EXPENSE REIMBURSEMENT REQUEST

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Reimbursement Due

Constance B [Signature]
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 Constance Polare Date Submitted April-10-26
 School/Work Site FSUS
 Name of Meeting/Conference FSUS Regional Meeting
 Date(s) of Meeting/Conference 4-16-26 Departure Time 7AM Return Time 3:30pm
 Place of Meeting/Conference Center for Courteous Kids Scottville Ky
 Rationale for Attendance FSUS Regional
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) MSKSC

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

Principal Signature: *Maloney* Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature *J Shh* Date 4/14/26

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					← Amount	Explanation	

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Constance Polare
 Employee Signature _____ Date _____
 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 Amie Chaney Date Submitted 4/13/26
 School/Work Site SBS
 Name of Meeting/Conference Mental Health Symposium
 Date(s) of Meeting/Conference 4/23/26 Departure Time 7:00 Return Time 5:00
 Place of Meeting/Conference ARRCC
 Rationale for Attendance Suicide, Sub. Abuse, Harm Reduction
 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
/	/	/	/	/	/	/	0

Principal Signature: Joyce Pais Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature J Shl Date 4/14/26

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

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Reimbursement Due

Amie Chaney 4/13/26
 Employee Signature Date

 Supervisor Signature Date

Central Office Use:

Coding

CFO Approval