

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

3/24



COPY

Employee Name Makayla Edmunds Date Submitted \_\_\_\_\_

School/Work Site FSMS

Name of Meeting/Conference Jostens

Date(s) of Meeting/Conference JUNE 14-16 Departure Time AM Return Time PM

Place of Meeting/Conference Orlando, FL

Rationale for Attendance TO gain new ideas to improve culture

Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) district paid 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
\$595	\$900	\$150	-	\$500			

Principal Signature: [Signature] Grant/Admin: \_\_\_\_\_

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

Approved  Not Approved... [Signature] 3/26/24

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**

Makayla Edmunds 3/17/24  
Employee Signature Date

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

Central Office Use:

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Coding

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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 Michelle buess Date Submitted 03/11/2026  
 School/Work Site C/O  
 Name of Meeting/Conference GRREC Coop Purchasing  
 Date(s) of Meeting/Conference 03/18/2026 Departure Time 7:30AM Return Time 4:00PM  
 Place of Meeting/Conference GRREC, BG, KY  
 Rationale for Attendance COOP purchasing updates  
 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
<u>0</u>			<u>31.39</u>				<u>31.39</u>

Principal Signature: \_\_\_\_\_ Grant/Admin: Leann Fisher  
Required if Expenses are Paid by Grant Funds  
 Prior Superintendent Approval:  
 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	
<u>03/18/26</u>	<u>73</u>	<u>31.39</u>					<u>31.39</u>

**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 \_\_\_\_\_  
Leann Fisher  
 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 4-13-20  
 School/Work Site Simpson Elementary FRC  
 Name of Meeting/Conference Regional Meeting  
 Date(s) of Meeting/Conference 4-14-20 Departure Time 8:00 Return Time 3:00  
 Place of Meeting/Conference Camp for Courageous Kids 1501 Burnley Rd Saltzville Ky 42104  
 Rationale for Attendance Mandatory Meeting  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) FRC SES

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: Joyce Pai Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason: \_\_\_\_\_ Superintendent Signature: J SW Date: 4/14/20

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 Lori Houghell Date Submitted 4-13-24  
 School/Work Site Simpson Elem  
 Name of Meeting/Conference FRYSC Network  
 Date(s) of Meeting/Conference 4-22-24 Departure Time 9:00 Return Time 12:00  
 Place of Meeting/Conference GRECC  
 Rationale for Attendance Training  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) SES FEC

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: Joyce Pais Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature JSM Date 4/14/24

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

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CFO Approval

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

# SIMPSON COUNTY SCHOOLS COPY OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lori Honshell Date Submitted 4.13.20  
 School/Work Site SES FRC  
 Name of Meeting/Conference Regional Learning Series  
 Date(s) of Meeting/Conference 4-28-20 Departure Time 8:00 Return Time 3:00  
 Place of Meeting/Conference BRECC  
 Rationale for Attendance Regional Training  
 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: [Signature] Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 4/14/20

Attach 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 Lisa Hopsan Date Submitted 4-3-26  
 School/Work Site FHS - CTE  
 Name of Meeting/Conference SKYCTC - Healthcare Hero Camp  
 Date(s) of Meeting/Conference 5/1/26 Departure Time 8:00AM Return Time 2:30PM  
 Place of Meeting/Conference SKYCTC, Bowling Green, Ky  
 Rationale for Attendance Allow freshman & sophomores to experience hands on activities in healthcare career  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other \_\_\_\_\_

COPY

**Estimated Expenses:**

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.41 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
-	-	-	-	-	\$100 <sup>00</sup>	-	\$100 <sup>00</sup>

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature J. Shel Date 4/13/26

Submit this section upon returning. Includes any original 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 @ \$.41	Lodging	Meals	Amount	Other Expenses Explanation	Total

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 Lisa Hopson Date Submitted 3/19/26 COPY

School/Work Site ESHS / CTE

Name of Meeting/Conference HOSA State Conference

Date(s) of Meeting/Conference 3/19/26 - 3/21/26 Departure Time 8:15A Return Time 2:30pm

Place of Meeting/Conference Crossre Plaza, Louisville, KY

Rationale for Attendance Student competitions in health care

Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other Perkins

**Estimated Expenses:**

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.41 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
\$75.00	\$258.00	\$80.00	-	-	\$100.00	-	\$513.00

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

Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds

Approved  Not Approved... 3/30/20  
Date

Reason \_\_\_\_\_ Superintendent Signature \_\_\_\_\_

Submit this section upon returning. Include any original receipt 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 @ \$.41	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	
3-19-26							
3-21-26				\$80.00			\$80.00

Reimbursement Due \$80.00

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.

[Signature] 3/30/26  
Employee Signature Date

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

Central Office Use:

\_\_\_\_\_  
Coding

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

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 Complete ALL items on top half of form.  
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# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Bryan Jones Date Submitted 3/5/26  
 School/Work Site Franklin-Simpson H.S.  
 Name of Meeting/Conference FBLA State Leadership Conference  
 Date(s) of Meeting/Conference April 27-29 Departure Time 8:00 Return Time 2:30  
 Place of Meeting/Conference Galt House in Louisville, KY  
 Rationale for Attendance Supervise students competing in various events  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) Parking

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$.43 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
\$60	\$420	\$80	-	-	\$300	-	\$860

Principal Signature: \_\_\_\_\_ Grant/Admin: [Signature]  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 3/17/26

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**

Central Office Use:

\_\_\_\_\_

Coding

\_\_\_\_\_

CFO Approval

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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 Christy Matthews Date Submitted March 17, 2026  
 School/Work Site Franklin-Simpson Middle School  
 Name of Meeting/Conference Jostens Renaissance Conference  
 Date(s) of Meeting/Conference June 14-16, 2026 Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_  
 Place of Meeting/Conference Orlando, Florida

Rationale for Attendance Explore strategies for creating a school culture and climate where teachers love their jobs and students thrive in school.

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
\$595	\$300/night - \$900	\$150		\$500			\$2,145

Principal Signature:  Grant/Admin: \_\_\_\_\_  
 Required if Expenses are Paid by Grant Funds

Prior Superintendent Approval:  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature  Date 3/26/26

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 Michelle McPherson Date Submitted 4/1/26 COPY

School/Work Site FSHS-CTE

Name of Meeting/Conference SKYCTC - Healthcare Hero Camp

Date(s) of Meeting/Conference 5/1/26 Departure Time 8:00AM Return Time 2:30pm

Place of Meeting/Conference SKYCTC, Bowling Green, KY

Rationale for Attendance allow freshmen + sophomores to experience hands on activities in health care

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
					\$100		

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

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

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

Reason \_\_\_\_\_ Superintendent Signature J. Shu 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.

Michelle McPherson 4/1/26  
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 OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Justin Mitchell Date Submitted 3/24/26  
 School/Work Site Franklin-Simpson Middle School  
 Name of Meeting/Conference Jostens Renaissance  
 Date(s) of Meeting/Conference 6/14/26 - 6/16/26 Departure Time AM Return Time PM  
 Place of Meeting/Conference Orlando, FL  
 Rationale for Attendance School Culture  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) EEF

**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			\$2,145

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

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**

[Signature] 3/24/26  
 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

3/26 **COPY**

Employee Name Malory Sterling Date Submitted 3/26

School/Work Site Franklin-Simpson Middle

Name of Meeting/Conference Jostens Renaissance

Date(s) of Meeting/Conference June 14-16 Departure Time AM Return Time PM

Place of Meeting/Conference Orlando, FL

Rationale for Attendance TO gain new ideas to improve school culture.

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

**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... 3/26/20 Date

Reason \_\_\_\_\_ Superintendent Signature \_\_\_\_\_

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