

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 Aloney Date Submitted 4/23/26
 School/Work Site FSHS
 Name of Meeting/Conference Senior Culinary Class Trip COPY
 Date(s) of Meeting/Conference 5/1/26 Departure Time 8:00 am Return Time 3:00 pm.
 Place of Meeting/Conference Austin, Ky & Bowling Green, Ky
 Rationale for Attendance learn how cheese is made, hospitality tour, farm tour
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Perkins

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: PERKINS
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature J Shl Date 4/24/26

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 Sam Evans Date Submitted 4/13/26
 School/Work Site FSA5
 Name of Meeting/Conference State Rating - FFA
 Date(s) of Meeting/Conference 4/17/26 Departure Time 6:00 AM Return Time 5:00 PM
 Place of Meeting/Conference Hardingburg, Ky FFA LTC
 Rationale for Attendance Student Achievement
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Perkins

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
			146 62.78		100		162.78

Principal Signature: _____ Grant/Admin: Perkins
 Prior Superintendent Approval: _____
 Approved Not Approved...
 Reason _____ Superintendent Signature _____ Date 4/17/26

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	

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 **DRIVE APPROVAL**.
 Complete all items on top half of form.
 Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name Lisa Hopson Date Submitted 4-3-26
 School/Work Site FSAS - CTE
 Name of Meeting/Conference Pharmacy Tech Testing for Servers Taking PTCB Exam
 Date(s) of Meeting/Conference ~~5-6-26~~ 4-23-26 Departure Time 8:30 AM Return Time 2:30 pm
 Place of Meeting/Conference SKYCTC Testing Center
 Rationale for Attendance Pharmacy Tech class to take National PTCB Exam
 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
—	—	—	18.42	—	\$100.00	—	\$100.00

Principal Signature: _____ Grant/Admin: Perkins
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 4/17/26

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 @ \$.41	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 Lisa Hopson Date Submitted 4-16-26
 School/Work Site CTE - Health Science
 Name of Meeting/Conference Taxi Senior students for Pharm Tech testing
 Date(s) of Meeting/Conference 5-6-26 Departure Time 8:15 AM Return Time 2:30 PM
 Place of Meeting/Conference SLU/CTC - Bowling Green, KY
 Rationale for Attendance PTCB Certification Exam for students - Career Ready
 Expenses paid by: SBDM PD Spec Ed KETS Other Perkins

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$.41 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
—	—	—	Van	—	\$100.00	—	\$100.00

Principal Signature: _____ Grant/Admin: Perkins
 Prior Superintendent Approval: _____
 Approved Not Approved...
 Reason: _____ Superintendent Signature: _____ Date: 4/17/26

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 @ \$.41	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 Jessica Lester Date Submitted 3-11-26
 School/Work Site Franklin Elementary
 Name of Meeting/Conference Justens Renaissance Conference
 Date(s) of Meeting/Conference June 13-16 Departure Time 6:30a Return Time 7:30p
 Place of Meeting/Conference Orlando, FL
 Rationale for Attendance improve school culture & climate
 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
\$599	\$1219	\$1160.00		\$399			

Principal Signature: Gina Anderson Grant/Admin: _____
Required if Expenses are Paid by Grant Funds
 Prior Superintendent Approval:
 Approved Not Approved...
 Reason _____ Superintendent Signature JSR Date 4/17/26

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	

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 April McNaughton Date Submitted 4/27/2026
 School/Work Site RTC
 Name of Meeting/Conference KDE/RTC Directors Meeting COPY
 Date(s) of Meeting/Conference 5/20-21/2026 Departure Time 8:00 Return Time 6:30
 Place of Meeting/Conference KDE
 Rationale for Attendance Directors meeting
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) RTC

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
	120. ⁰⁰	60.00				20.00	200.00

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature JSH Date 4/29/30

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 April McNaughton Date 4/27/26

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 Michelle McPherson Date Submitted 4/29/26
 School/Work Site FSHS CTE
 Name of Meeting/Conference CTE Summer Conference
 Date(s) of Meeting/Conference 07/19/26 - 07/22/26 Departure Time 2pm Return Time 6pm
 Place of Meeting/Conference Galt House Hotel Louisville, KY
 Rationale for Attendance updates + changes / con + education
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Perkins
 Estimated Expenses: 270

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
330. ⁰⁰	688. ⁰⁰	140. ⁰⁰	116. ¹⁰	-	-	-	1274.10

Principal Signature: _____ Grant/Admin: [Signature]
 Prior Superintendent Approval: _____
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 5/12/26

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	

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[Signature] 4/29/26
 Employee Signature Date

 Supervisor Signature Date

Reimbursement Due

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

COPY

Employee Name Amber Schuler Date Submitted _____
 School/Work Site Franklin Elementary
 Name of Meeting/Conference Tastings Global Renaissance
 Date(s) of Meeting/Conference June 13-16 Departure Time 6:30am Return Time 7:30pm
 Place of Meeting/Conference Orlando, FL
 Rationale for Attendance School Climate & Culture
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) District

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	129.00	100		399			

Principal Signature: (For 3 days) Anderson Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature JSH Date 4/17/26

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Employee Signature _____ Date _____
 Supervisor Signature _____ Date _____

Reimbursement Due

Central Office Use:

Coding

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name Ashley Scott Date Submitted _____
 School/Work Site Franklin Elementary
 Name of Meeting/Conference Jostens Global Renaissance
 Date(s) of Meeting/Conference June 13-16 Departure Time 6:30 am Return Time 7:30 pm
 Place of Meeting/Conference Orlando, Florida
 Rationale for Attendance School climate + culture
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) District

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		160		399			

Principal Signature: [Signature] Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 4/17/26

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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

