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 Tammie Mann Date Submitted June 11, 2026

School/Work Site CO Board Member

Name of Meeting/Conference KSBA Summer Leadership Institute

Date(s) of Meeting/Conference July 10, 11, 2026 Departure Time 6:00 AM Return Time 6:00 PM

Place of Meeting/Conference Marriott Lexington Griffin Gate

Rationale for Attendance Continuing Education

Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) 0011071-0338
0011071-0580
0011071-0630

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage $0.43 per mile	Airfare	Substitute $100 per day	Other	Total Est. Expenses
355.00	461.96	100.00	150.50	—	—	—	1067.46

Principal Signature: _____ Grant/Admin: _____

Prior Superintendent Approval:

✓ Approved ____ Not Approved...

Reason _____

Required if Expenses are Paid by Grant Funds

Superintendent Signature 6/11/26 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	
						Reimbursement Due	

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

Supervisor Signature Date

Central Office Use:

Coding

CFO Approval