

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 5/20/20
School/Work Site FSHS
Name of Meeting/Conference Jostens Renaissance
Date(s) of Meeting/Conference 6/12 - 6/16 Departure Time 2:00am Return Time 8:30pm
Place of Meeting/Conference Orlando, FL
Rationale for Attendance Global Conference 1
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) 0402104 - 0580 - 128M

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
	500.00	300.00	48.16			60.00	908.16

Principal Signature: [Signature] Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 5/21/20

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 Amount 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

COPY

Employee Name Chelsea Adams Date Submitted 5/14/26
 School/Work Site FSHS
 Name of Meeting/Conference ASAP
 Date(s) of Meeting/Conference 5/18/26 Departure Time 10:30^{am} Return Time 2:00 pm
 Place of Meeting/Conference Logan County Public Library
 Rationale for Attendance Committee Meeting
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) 0402104 - 0580 - 128M

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
			18.92				

Principal Signature: [Signature] Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 _____ Approved _____ Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 5/18/26

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	
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 _____

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 Tyler Arterburn Date Submitted 5/28/26
 School/Work Site Franklin Simpson Middle School
 Name of Meeting/Conference KACTE Conference
 Date(s) of Meeting/Conference July 20-23 Departure Time _____ Return Time _____
 Place of Meeting/Conference Embassy Suites, Louisville, KY
 Rationale for Attendance I am teaching a CTE class for the first time.
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) Fsm's 1/2 - Shelina 1/2
 Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
330	516	120	998.90	N/A	N/A		1,064.90

Principal Signature: _____ Grant/Admin: Shelina Smith
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 _____ Approved _____ Not Approved...
 Reason _____ Superintendent Signature _____ Date 6/8/26

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 Amount	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

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

CFO Approval

SIMPSON COUNTY SCHOOLS
OUT-OF-DISTRICT TRAVEL AUTHORIZATION

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 Abigail Cline Date Submitted 5/21/26

School/Work Site FSMS

Name of Meeting/Conference KY FFA camp

Date(s) of Meeting/Conference 6/22/26 - 6/26/26 Departure Time 7AM Return Time 2PM

Place of Meeting/Conference KY FFA Leadership Training Center - Hardinsburg, KY

Rationale for Attendance Student Achievement

Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Recurring Local

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
<u>150</u>		<u>160</u>					<u>310</u>

Principal Signature: _____ Grant/Admin: [Signature]

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

☒ Approved ☐ Not Approved... 5/21/26

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 @ \$.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

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 Abigail Cline Date Submitted 5/21/26
 School/Work Site FSHS
 Name of Meeting/Conference KY FFA State convention
 Date(s) of Meeting/Conference 6/8/26 - 6/11/26 Departure Time 8Am Return Time 6:30 pm
 Place of Meeting/Conference Lexington, KY
 Rationale for Attendance _____
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) LOCAL

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
	<u>397.49</u>	<u>120</u>					<u>517.43</u>

Principal Signature: _____ Grant/Admin: [Signature]
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved... 5/21/26
 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 @ \$.46	Lodging	Meals	Other Expenses Amount	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

COPY

Employee Name San Evans Date Submitted 5/14/26
School/Work Site FSHS
Name of Meeting/Conference KACTE
Date(s) of Meeting/Conference 7/20-22/26 Departure Time _____ Return Time _____
Place of Meeting/Conference Galt House Hotel
Rationale for Attendance Professional Development
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Perkins
Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
		80-	105.80			Parking 25	5210.80

Principal Signature: _____ Grant/Admin: B. [Signature]
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 5/21/26

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 Amount	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

 **COPY**

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Sam Evans Date Submitted 5/21/26
School/Work Site FSSHS
Name of Meeting/Conference ~~KATE~~ Ky FFA LTC
Date(s) of Meeting/Conference 6/22-26/26 Departure Time 7:00 AM Return Time 2:00 PM
Place of Meeting/Conference Hardinsburg, Ky
Rationale for Attendance Student Achievement
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Perkins

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
150-		140-	1000				290-

Principal Signature: _____ Grant/Admin: [Signature]
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 5/21/26

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 Amount 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 Sam Evans Date Submitted 5/11/26
 School/Work Site FHS
 Name of Meeting/Conference FFA State Convention
 Date(s) of Meeting/Conference 6/8-11/26 Departure Time 8:00 AM Return Time 6:30 PM
 Place of Meeting/Conference Rupp Arena Lexington, Ky
 Rationale for Attendance Student Achievement
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) LOCAL
 Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
	121 363	100-				Parking \$50	\$513

Principal Signature: _____ Grant/Admin: [Signature]
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 5/21/26

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	
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 _____

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 Lucinda Eversman Date Submitted 6/10/26
School/Work Site Franklin & Lincoln Elem. FRC
Name of Meeting/Conference Joesten Renaissance
Date(s) of Meeting/Conference 6/12-6/16 Departure Time 5:10am Return Time 5:50pm
Place of Meeting/Conference Gaylord Palms 6000 Osceola Pkwy, Kissimmee, FL 34746
Rationale for Attendance culture & climate
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Fryse

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
\$575.00	\$673.28	\$240.00	\$43.00	\$786.81	—	—	\$2,318.09

Principal Signature: Natahi McCutcher Grant/Admin: _____

Prior Superintendent Approval:

Required if Expenses are Paid by Grant Funds

☒ Approved ☐ Not Approved...

ASH

6/11/26

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

Natahi McCutcher / Lucinda Eversman
Employee Signature Date 6/10/26

Central Office Use:

0452104-0680580-129M

Coding

Supervisor Signature

Date

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 **SCHOOL COPY** OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name LORI Honohell Date Submitted 5-20-26
 School/Work Site Simpson elem, FEC
 Name of Meeting/Conference Johns Renaissance
 Date(s) of Meeting/Conference 6-12-6-16-20 Departure Time 5 AM Return Time 9pm
 Place of Meeting/Conference Orlando FL
 Rationale for Attendance Climate Culture
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) SES FEC

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	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 [Signature] Date 5/21/26

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 Amount Explanation	Total
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

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 Debra Isles Date Submitted 5/22/26
 School/Work Site FSHS
 Name of Meeting/Conference KyCTE Conference
 Date(s) of Meeting/Conference July 20 - 23 Departure Time 7am Return Time 2pm
 Place of Meeting/Conference Galt House
 Rationale for Attendance Summer PD
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Perkins
 Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage 50.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
			<u>\$116.10</u>	-	-	-	

Principal Signature: _____ Grant/Admin: [Signature]
 Prior Superintendent Approval: _____
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 6/2/26

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	
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.

Debra Isles 5/22/26
 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

Employee Name Allie Meador Date Submitted _____
School/Work Site FSHS CTE
Name of Meeting/Conference CTE Conference
Date(s) of Meeting/Conference 7/21 - 7/23 Departure Time 12 Return Time 6pm
Place of Meeting/Conference GAIT House
Rationale for Attendance Program Updates & Profession Development
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) CTE
Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
		<u>1/20</u>	<u>115.24</u>	<u>0</u>	<u>0</u>		

Principal Signature: [Signature] Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 6/2/26

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	
	<u>134</u>	<u>57.62</u>					
	<u>134</u>	<u>57.62</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 _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

UNAUTHORIZED
COPY

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 Bethany Minix Date Submitted 06/03/2026

School/Work Site FSMS

Name of Meeting/Conference KY FFA Convention

Date(s) of Meeting/Conference June 8-10, 2026 Departure Time 6:00AM Return Time 11:00AM

Place of Meeting/Conference Lexington Convention Center

Rationale for Attendance Students will be competing in state FFA Contests

Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) FSMS FFA

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
\$20	0		0	0	0	\$280	\$300

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

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

☒ Approved ☐ Not Approved... 6/8/26

Reason Superintendent Signature [Signature] Date 6/8/26

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 Abby Scott Date Submitted 6/10/26
School/Work Site Central Office
Name of Meeting/Conference Jostens
Date(s) of Meeting/Conference 6-12-6-16 2026 Departure Time 2:00 AM Return Time 4:00 PM
Place of Meeting/Conference Graylord Palms Resort Orlando FL
Rationale for Attendance Culture + Climate
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
		180	36.98			Parking \$40	\$256.98

Principal Signature: _____ Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 6/11/26

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	
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 Abby Scott Date 6/10/26
Supervisor Signature [Signature] Date 6/10/26

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 Dyan Wilhite Date Submitted 5-20-26
School/Work Site Franklin-Simpson High School
Name of Meeting/Conference July 20-23 / CTE SUMMER CONF.
Date(s) of Meeting/Conference July 20-23 Departure Time 8am Return Time 5pm
Place of Meeting/Conference GALT HOUSE / LOUISVILLE, KENTUCKY
Rationale for Attendance PROFESSIONAL DEVELOPMENT
Expenses paid by: ☐ SBDM ☒ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) PERKINS

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
		<u>180.00</u>	<u>115.24</u>	<u>—</u>	<u>—</u>	<u>90.00</u> (PARKING)	<u>385.24</u>

Principal Signature: [Signature] Grant/Admin [Signature]
Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason: _____ Superintendent Signature [Signature] Date 5/21/26

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 Amount 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.

Dyan Wilhite 5-20-26
Employee Signature Date

Supervisor Signature Date

Reimbursement Due

Central Office Use:

Coding

CFO Approval