

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

Employee Name Kelly Baker Date Submitted 7-1-26
 School/Work Site Central Office
 Name of Meeting/Conference KASA Annual Conf
 Date(s) of Meeting/Conference 7/29-31, 2026 Departure Time 6:00am Return Time 4:00pm
 Place of Meeting/Conference Galt House, Louisville, KY
 Rationale for Attendance KASA-Admin
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) TA

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
499.-	468.29	100.-	\$82.56				\$1,149.85

Principal Signature: _____ Grant/Admin: Shelli Smith
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature J She Date 7/7/26

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	
7/29	96	41.28	468.29	40.-			
7/30				40.-			
7/31	96	41.28		20			
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.

Kelly Baker 7/1/26
 Employee Signature Date

Supervisor Signature _____ Date _____

Central Office Use:

Coding _____

CFO Approval _____

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Constance Blawie Date Submitted June-24-24
School/Work Site FSUS
Name of Meeting/Conference FRYSC Conference VOV
Date(s) of Meeting/Conference July 16-19th 2024 Departure Time 4:45 AM Return Time 6:30 PM
Place of Meeting/Conference 430 W. Vine St. Lexington KY VOV Conference
Rationale for Attendance FRYSC STATE Conference
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) FRYSC Summer Conference (VOV)
Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
	—	140	345				288.35

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature _____ Date 7/13/20

Submit this section upon receiving. 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	
7-6-24				20 →			
7-7-24				40 →			
7-8-24				40 →			
7-9-24				40 →			140 ⁰⁰
7-1-29	305 345	@43					148 ³⁵
	1302/04/		0580 - 128N				

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	288.35
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Employee Signature Constance AS Date _____

Central Office Use:

Supervisor Signature _____ Date _____

Coding

CFO Approval

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Erica Cassidy Date Submitted July 7, 2020
School/Work Site FSHS
Name of Meeting/Conference KASA
Date(s) of Meeting/Conference July 29-31 Departure Time _____ Return Time _____
Place of Meeting/Conference Louisville, KY
Rationale for Attendance Professional Growth
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) 2-11m



COPY

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
		\$80.00	\$122.98				

Principal Signature: _____ Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 7/7/20

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

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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 7/7/26
School/Work Site FSHS
Name of Meeting/Conference Ag Education District coordinator congress
Date(s) of Meeting/Conference 7/10/2026 Departure Time 4:30 AM Return Time 6:30 PM
Place of Meeting/Conference Harold R. Benson Research Farm, Frankfort, KY
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
/	/	40	149.04	/	/	/	\$189.04

Principal Signature: _____ Grant/Admin: By [Signature]
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 7/7/26

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

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION



COPY

Employee Name Craig Delk Date Submitted 6/22/26
School/Work Site Transportation
Name of Meeting/Conference Ky Assoc. of Pupils Transportation (KAPT)
Date(s) of Meeting/Conference 6/22, 6/23, 6/24/26 Departure Time 7:30 am Return Time 4:30 pm
Place of Meeting/Conference Corvette Museum Bowling Green, KY
Rationale for Attendance Annual Transportation Conference
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
—	—	—					

Principal Signature: _____ Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved... 6/23/26
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 Amount Explanation	Total
6/22/26	30.9	> 61.8				
6/23/26	30.9	> 61.8				
6/23/26	30.9	> 61.8				
6/23/26	30.9	> 61.8				
6/24/26	30.9	> 61.8				
6/24/26	30.9	> 61.8				
Total Miles 185.4 x .43 = 79.72						79.72
Reimbursement Due						79.72

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 [Signature] Date 6/22/26

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 LeAnn Fisher Date Submitted 7-1-26
School/Work Site COFFICE
Name of Meeting/Conference KASA Annual Conference
Date(s) of Meeting/Conference July 29-31, 2026 Departure Time 6:00am Return Time 4:00 pm
Place of Meeting/Conference Galt House Louisville, KY
Rationale for Attendance KASA Board Member
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) TQ

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
499.00	468.29	100.00	124.70				1,191.99

Principal Signature: _____ Grant/Admin: [Signature]
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 7/7/26

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	
7-29	145	62.35	468.29	40			
7-30				40			
7-31	145	62.35		20			

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

LeAnn Fisher 7-1-26
Employee Signature Date

Supervisor Signature Date

Central Office Use:

Coding

CFO Approval

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name Jaxon Grover Date Submitted 7/2/26
School/Work Site Franklin-Simpson Middle School
Name of Meeting/Conference KASA
Date(s) of Meeting/Conference 7/29-7/31 Departure Time 8:00 Return Time 8:00
Place of Meeting/Conference Galt House Louisville, Ky
Rationale for Attendance Professional Development
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
—	—	\$80.00	\$98.90	—	—	—	\$178.90

Principal Signature: [Signature] Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 7/7/26

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
7/29	115	\$49.45	—	\$20		
7/30			—	\$40		
7/31	115	\$49.45	—	\$20		

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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Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Loel Honchel Date Submitted 5-20-20
School/Work Site Simpson Elem FCC
Name of Meeting/Conference VOV
Date(s) of Meeting/Conference 7-6-7-9-26 Departure Time _____ Return Time _____
Place of Meeting/Conference Lexington Ky
Rationale for Attendance State Conference
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) Sec FCC



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

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

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name KRISTA JACKSON Date Submitted 7-1-26
School/Work Site C/O
Name of Meeting/Conference KASA ANNUAL CONF.
Date(s) of Meeting/Conference 7-29,30,31-2026 Departure Time 6:00am Return Time 4:00pm
Place of Meeting/Conference Galt House Louisville, Ky
Rationale for Attendance Kasa admin
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) TD

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
<u>499 -</u>	<u>468.29</u>	<u>100 -</u>	<u>121.70</u>				<u>1,191.99</u>

Principal Signature: _____ Grant/Admin: Shelina Smith
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature J. Shel Date 7/7/26

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>7/29</u>	<u>145</u>	<u>62.35</u>	<u>468.29</u>	<u>40</u>			
<u>7/30</u>				<u>40</u>			
<u>7/31</u>	<u>145</u>	<u>62.35</u>		<u>20</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

Krista Jackson 7-1-26
Employee Signature Date
[Signature]
Supervisor Signature Date

Central Office Use:

Coding

CFO Approval