



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 COPY

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Melanie Abney Date Submitted 7/20/24
 School/Work Site C.O.
 Name of Meeting/Conference New Director Training
 Date(s) of Meeting/Conference 8/31-9/2 Departure Time 3:00pm Return Time 5/6:00pm
 Place of Meeting/Conference Sower Training Room, Frankfort, Ky
 Rationale for Attendance training - new director
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) 0005101-0580

Estimated Expenses:

Registration	Lodging	Meals See policy on back	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
—	\$230	\$80		—	—	—	\$310

Principal Signature: [Signature] Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 7/21/24

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 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

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SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name Kelly Baker Date Submitted 8/5/26
School/Work Site CO
Name of Meeting/Conference KDE DoSE Institute
Date(s) of Meeting/Conference 8/30 - Sept 1 Departure Time 1:00 Return Time 4:00 pm
Place of Meeting/Conference Louisville Marriott
Rationale for Attendance Annual SPED Conf.
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
—	—	\$100.—	—	—	—	—	\$100.—

Principal Signature: _____ Grant/Admin: Shirley Smith
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature Shirley Smith Date 8/5/26

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>8/30</u>				<u>\$20.—</u>			
<u>8/31</u>				<u>\$40.—</u>			
<u>9/1</u>				<u>\$40.—</u>			
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 8/5/26
Employee Signature Date
Shirley Smith 8/5/26
Supervisor Signature Date

Central Office Use:

Coding

CFO Approval

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SIMPSON COUNTY SCHOOLS **COPY**

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Michael Baranov Date Submitted 8/11/26
 School/Work Site Central Office
 Name of Meeting/Conference KASHRM State Conference
 Date(s) of Meeting/Conference Sept. 21-23 Departure Time 11:00 AM 9/21 Return Time 3pm 9/23
 Place of Meeting/Conference Marriott Griffin Gate - Lexington KY.
 Rationale for Attendance Mentoring Session - Monday 9/21 - State Conference 9/22 & 23.
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) GF

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
\$250	\$403	\$80	\$143.62	/	/	/	\$876.62

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 ___ Approved ___ Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 8/12/26

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	

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

Principal Signature: _____ Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature _____ Date 7/23/26

CFO Approval

CFO Approval

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Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION



Employee Name Abigail Cline Date Submitted 8/4/26

School/Work Site ESMS

Name of Meeting/Conference Ky State Fair

Date(s) of Meeting/Conference 8/20/26-8/21/26 Departure Time 8 AM Return Time 6:30pm

Place of Meeting/Conference KY Expo - Louisville, 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 \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
	150	60			100		310

Principal Signature: _____ Grant/Admin: _____

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

☒ Approved ☐ Not Approved... 8/14/26

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

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

Employee Name Chesley Craine Date Submitted 7-31-26
 School/Work Site Franklin Elem
 Name of Meeting/Conference KY School Counseling Conference
 Date(s) of Meeting/Conference Sept. 9-11 Departure Time 4^{SP19}pm Return Time 4^{SP19}pm
 Place of Meeting/Conference Griffin Gate Marriott, Lexington KY
 Rationale for Attendance Professional Development
 Expenses paid by: ☒ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) FES
 Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
225	452	80	150.5	—	—	—	907.50

Principal Signature: [Signature] Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 8/4/26

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 [Signature] Date 7-31-26

Central Office Use:

0201118-0580
Coding

Supervisor Signature _____ Date _____

CFO Approval _____