

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 Jennifer Ellis Date Submitted 7-20-2026
School/Work Site Central Office
Name of Meeting/Conference Admin Conference KSNA
Date(s) of Meeting/Conference Sept 9th 11th Departure Time 9:00am Return Time _____
Place of Meeting/Conference Brow Hotel
Rationale for Attendance Training
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) 000510-0580

Estimated Expenses:

Registration	Lodging	Meals See policy on back	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
<u>350</u>	<u>298+tax</u>	<u>180</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>1728</u>

Principal Signature: [Signature] Grant/Admin: _____
Prior Superintendent Approval: _____ Required If Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved... 7/21/26
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 @ \$.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**.
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Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lucinda Eversman Date Submitted 8/12/2026
 School/Work Site Franklin & Lincoln Elementary FRC
 Name of Meeting/Conference ASAP
 Date(s) of Meeting/Conference 8/25/2026 Departure Time 11am Return Time 1:30pm
 Place of Meeting/Conference 178 Academic Way Morgantown, Ky.
 Rationale for Attendance Substance use prevention
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) School District van

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
—	—	—	92 miles	—	—	—	\$39.56

Principal Signature: Jamie Neel Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature J Shl Date 8/17/26

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

Lucinda Eversman 8/12/26
 Employee Signature Date
Jamie Neel 8/12/26
 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

RECEIVED
8-17-26

COPY

Employee Name Kim McAbee Date Submitted 8/17/26
School/Work Site C.O.
Name of Meeting/Conference GFS Food Show
Date(s) of Meeting/Conference 9.16.26 Departure Time 7:30 am Return Time 5:00 pm.
Place of Meeting/Conference KY Exposition Center Louisville, KY
Rationale for Attendance upcoming food innovations / new / training
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Food Service
Estimated Expenses:

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

Principal Signature: _____ Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 8/17/26

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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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SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name Ali Moore Date Submitted 08/03/2026
School/Work Site FSHS
Name of Meeting/Conference KACTE Summer Conference
Date(s) of Meeting/Conference 7/20/26 - 7/23/26 Departure Time 6:00 am Return Time 3:00 pm
Place of Meeting/Conference Galt House Hotel in Louisville, KY
Rationale for Attendance Professional Development / KACTE & KATFCS member, KATFCS President
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...
Reason _____ Superintendent Signature [Signature] 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	
7/20/26	136	\$58.48	—	\$40	\$30	Parking	\$128.48
7/21/26	—	—	—	\$40	\$30	Parking	\$70.00
7/22/26	—	—	—	\$40	\$30	Parking	\$70.00
7/23/26	136	\$58.48	—	\$20	—	—	\$78.48

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 \$346.96

Employee Signature Ali Moore Date 8/3/2026

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
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Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Wes Marklin Date Submitted 7-14-26
School/Work Site F-SHS
Name of Meeting/Conference JAG Conference
Date(s) of Meeting/Conference 7-27-26 through 7-29-26 Departure Time 12:00pm Return Time 9:00pm
Place of Meeting/Conference Campbell House - Lexington KY
Rationale for Attendance Training
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) JAG

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
		<u>120⁰⁰</u>	<u>150⁰⁰</u>				<u>270⁰⁰</u>

Principal Signature: _____ Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved... 8.17.26
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
7-27				<u>40⁰⁰</u>		<u>40⁰⁰</u>
7-28				<u>40⁰⁰</u>		<u>40⁰⁰</u>
7-27	<u>176</u>	<u>75.68</u>				<u>75.68</u>
7-29	<u>176</u>	<u>75.68</u>				<u>75.68</u>
7-29				<u>40⁰⁰</u>		<u>40.00</u>
Reimbursement Due						<u>271.36</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.

Employee Signature [Signature] Date 8/14/26
Supervisor Signature [Signature] Date 8/14/26

Central Office Use:

0402118 0580 129N

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 Sam Northern Date Submitted 7/20/26
School/Work Site FMS
Name of Meeting/Conference KASA
Date(s) of Meeting/Conference July 29-31, 2026 Departure Time Noon 7/29 Return Time 5:00pm on 7/31
Place of Meeting/Conference Salt House in Louisville, KY
Rationale for Attendance Admin & school leader professional development.
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
—	—	<u>20+40+20</u> <u>= \$80.00</u>	<u>288mi Total</u> <u>= \$123.84</u>	—	<u>7</u>	<u>7</u>	<u>\$203.84</u>

Principal Signature: _____ Grant/Admin: Shirley Smith
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature Ishe Date 7/21/26

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		Total
					Amount	Explanation	
	<u>144</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

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
Complete ALL items on top half of form.
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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Bethanne Pardue Date Submitted 5/28/26
School/Work Site Simpson Elementary
Name of Meeting/Conference KYSHAPE Conference
Date(s) of Meeting/Conference June 24 - 26 Departure Time 6:00 AM Return Time 6:00 PM
Place of Meeting/Conference Tates Creek High School Lexington KY
Rationale for Attendance PD for PE teachers
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
0	\$273	\$120	\$147	0	0	\$30	\$570

Principal Signature: Joyce Paez Grant/Admin: Shelia Smith
Prior Superintendent Approval: JS Required if Expenses are Paid by Grant Funds
____ Approved ____ Not Approved...
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	
6/24	170	73.10	140.83	\$20.09	\$12	Parking	\$234.02
6/25	—	—	140.83	—			140.83
6/26	170	73.10	—	\$12.39			85.49

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 460.34

Employee Signature Shelia Smith Date 8/5/26
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

RECEIVED 8.12.26 PLW

COPY

Employee Name ALEC SILCHUK Date Submitted 8/10/2026
 School/Work Site FRANKLIN-SIMPSON
 Name of Meeting/Conference GATOR INVITATIONAL
 Date(s) of Meeting/Conference 8/3/2026 Departure Time 5:45am Return Time 3:00pm
 Place of Meeting/Conference BOWLING GREEN COUNTRY CLUB
 Rationale for Attendance HIGH SCHOOL GOLF TOURNAMENT
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) ALEC SILCHUK

Estimated Expenses:

Registration	Lodging	Meals See policy on back	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
			<u>56 miles</u>				<u>\$24.08</u>

Principal Signature: [Signature]

Grant/Admin: _____

Required if Expenses are Paid by Grant Funds

Prior Superintendent Approval:

☒ Approved ☐ Not Approved...

Reason _____

[Signature]
Superintendent Signature

8/18/26
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	Amount	Other Expenses Explanation	Total
<u>8/3/2026</u>	<u>56</u>	<u>\$24.08</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>\$24.08</u>

Reimbursement Due \$24.08

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.

Alec Silchuk 8/10/2026
Employee Signature Date

[Signature] 8/12/26
Supervisor Signature Date

Central Office Use:

Coding

CFO Approval

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
499	358 ⁰⁰	80 ⁰⁰					937 ⁰⁰

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

Submit this section upon returning. Include any original **අනුමැතිය, අවසරය හෝ නිදහස්වීමක්.**

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

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.

Reimbursement Due

Employee Signature	Date
Supervisor Signature	Date

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and
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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 Michael Wix Date Submitted _____
 School/Work Site FSH
 Name of Meeting/Conference KASA
 Date(s) of Meeting/Conference July 29-31, 2020 Departure Time 12:21 Return Time 1:00
 Place of Meeting/Conference CACT House, Louisville KY
 Rationale for Attendance CONFERENCE
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) 2.11min

Estimated Expenses:

Registration	Lodging	Meals See policy on back	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
		<u>\$80</u>	<u>2107.10</u>				

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 _____ Approved _____ Not Approved...
 Reason _____ Superintendent Signature ASH 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
<u>7/29/20</u>	<u>125</u>	<u>53.75</u>		<u>20</u>			<u>73.75</u>
<u>7/30/20</u>	<u>—</u>			<u>40</u>			<u>40.00</u>
<u>7/31/20</u>	<u>125</u>	<u>53.75</u>		<u>20</u>			<u>77.75</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 \$187.50

Employee Signature ASH Date 8/4/20
 Supervisor Signature _____ Date 8/4/20

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

RECEIVED
8.17.26

COPY

Employee Name DYAN WHITE Date Submitted 8-17-26
School/Work Site FRANKLIN-SIMPSON HIGH SCHOOL / CTE
Name of Meeting/Conference SEPT 4th - FCCLA FALL LEADERSHIP CONF
Date(s) of Meeting/Conference SEPT 4th Departure Time 7:45am Return Time 2:45pm
Place of Meeting/Conference WKU - HEALTH SERVICES BUILDING
Rationale for Attendance LEADERSHIP TRAINING FOR STUDENTS
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
					\$100		\$100

Principal Signature: _____ Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature ASH Date 8/18/26

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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.

Dyan White 8-17-26
Employee Signature Date

Supervisor Signature Date

Reimbursement Due

Central Office Use:

Coding

CFO Approval