

## BIRMINGHAM COMMUNITY CHARTER HIGH SCHOOL PREAPPROVAL REQUEST FOR TRAVEL

NAME: (First)	(Last)		
EMPLOYEE	PARENT	CONTRACTOR/CONSULTANT	
PHONE	EMAIL	@birminghamcharter.com	
<ul><li>Reimbursements will n</li><li>Teachers are responsible</li></ul>	ot be issued for travel without le for arranging substitute cove	nd CEO/Principal at least 60 days prior to travel. prior administrative approval. rage.  NDANCE INFORMATION	
Conference Name:		NFERENCE REGISTRATION FEES:	
	Pre	-Paid by: School Self N/A(free)	
Number of workdays requested: Will a paid substitute be required: ☐ Yes ☐ No LOCATION OF TRAVEL/CONFERENCE ATTENDANCE: Name:		AVEL DATES: arture Date:// Time: AM/PM in Date of Activity:// urn Date:// Time: AM/PM	
Address:	-	Date of Activity:/	
City: S Distance from BCCHS: ESTIMATED EXPENSES: 1-	tate:Zip: LO Hot	DGING:	
Airfare Lodging Phone Calls	Add	ress:	
\$ \$		State: Zip:	
Meals provided in conference: Yes  TOTAL ESTIMATED EXPE  Source of Funding:	NSES: \$ (If r and RE)	t per night: \$ Number of nights: equesting hotel preference, provide hotel information include rationale with attached documentation.)  NTAL CAR: \[ \sum \text{Yes (pre-approval required)} \]  \[ \sum \text{No} \]	

Submission/Agreement: I declare under penalty of perjury that the foregoing is true and correct and acknowledge that all <a href="ITEMIZED">ITEMIZED</a> RECEIPTS are required for reimbursement.

Traveler:			
Signature		Date	
Approved by:			
11 3	Print Name/Title of Administrator	Signature	Date
Approved by:			
	Chief Business Officer	Signature	Date
Approved by:			
	Chief Executive Officer/ Principal	Signature	Date