



BIRMINGHAM COMMUNITY CHARTER HIGH SCHOOL



PREAPPROVAL REQUEST FOR TRAVEL

NAME: (First) _____ M. _____
(Legal Name)

(Last) _____

D.O.B _____
(For Flight Purposes)

Dietary Restrictions: _____ Special Request: _____
(Ex: ADA accessibility, etc)

- Conferences must be approved by direct supervisor and CEO/Principal at least 60 days prior to travel.
- Reimbursements will not be issued for travel without prior administrative approval.
- Teachers are responsible for arranging substitute coverage.

TRAVEL & CONFERENCE ATTENDANCE INFORMATION

<p>Conference Name: _____</p> <p>_____</p> <p>Number of workdays requested: _____</p> <p>Will a paid substitute be required: Yes No</p> <p>LOCATION OF TRAVEL/CONFERENCE ATTENDANCE:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Distance from BCCHS: _____ miles</p> <p>ESTIMATED EXPENSES: 1-Way Mileage: \$ _____</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;">Airfare</th> <th style="width: 20%;">Lodging</th> <th style="width: 20%;">Phone Calls</th> <th style="width: 20%;">Conf. Fee</th> <th style="width: 20%;">Car Rental</th> </tr> </thead> <tbody> <tr> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> </tbody> </table> <p>Meals provided in conference: Yes No Some</p> <p>TOTAL ESTIMATED EXPENSES: \$ _____</p> <p>Source of Funding: _____</p>	Airfare	Lodging	Phone Calls	Conf. Fee	Car Rental	\$	\$	\$	\$	\$	<p>TRAVEL DATES:</p> <p>Departure Date: ___/___/___ Time: _____ AM/PM</p> <p>Begin Date of Activity: ___/___/___</p> <p>Return Date: ___/___/___ Time: _____ AM/PM</p> <p>End Date of Activity: ___/___/___</p> <p>LODGING:</p> <p>Hotel: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Cost per night: \$ _____ Number of nights: _____</p> <p>(If requesting hotel preference, provide hotel information and include rationale with attached documentation.)</p> <p>RENTAL CAR: Yes (pre-approval required) No</p> <p>Emergency Contact Name: _____</p> <p>Emergency Contact Phone # _____</p>
Airfare	Lodging	Phone Calls	Conf. Fee	Car Rental							
\$	\$	\$	\$	\$							

Submission/Agreement: I declare under penalty of perjury that the foregoing is true and correct and acknowledge that all **ITEMIZED RECEIPTS** are required for reimbursement.

Traveler: _____
Signature

_____ Date

Approved by: _____
Print Name/Title of Administrator

_____ Signature _____ Date

Approved by: _____
Chief Business Officer

_____ Signature _____ Date

Approved by: _____
Chief Executive Officer/ Principal

_____ Signature _____ Date