

Philadelphia Academy Charter School

Conference Professional Development Request

Employee Name _____ Social Security Number _____

Title of Course/Seminar _____

Location _____ Date of Course/Seminar: From ___ / ___ / ___ To ___ / ___ / ___

Cost: Advance: Final Reconciliation:

Registration: _____ _____

Travel:

Mileage _____ _____

Air/ Train _____ _____

Tolls _____ _____

Parking _____ _____

Transportation _____ _____ (Taxi/ Shuttle/ Rental car)

Meals _____ _____

Meals: _____ _____

Lodging: _____ _____

Total Cost: _____ _____

80% Advance _____ _____

Employee Signature Date Approved Chief Executive Officer Date

Registration Check Request

Payee _____

Address _____

Amount \$ _____

Attach Registration Form