

TRAVEL REIMBURSEMENT REQUEST FORM

NAME:	Phone:
Address:	JOURNEYMAN ___ (or) APPRENTICE ___ Craft:
	Local Union Number:
(city) (state) (zip) (county)	City & State of Local Union:

Name of Class Attending: _____ # of Days _____

LOCATION OF CLASS: (Circle One)

Kennewick	Kent	Mt. Vernon	Mukilteo
Renton	Spokane	Tacoma	Yakima

Approximate Number of Miles Traveled One Way: _____ # of days _____

HOTEL REQUESTED: YES ___ NO ___

Check in (circle one) : Sun M T W TH F Sat Check out (circle one) : Sun M T W TH F Sat

Class Dates:	Hours Attended:		FOR OFFICIAL USE
			Number of days of driving roundtrip:
			Number of nights lodging:
			Total Per diem paid: \$
			Total mileage paid: \$
			(\$25.00 per roundtrip)
			TOTAL:

Mileage is figured from the Training Center to the city of residence using the DOT mileage book and will be paid at \$25.00 per roundtrip traveled above the 40 mile free zone only.

Travel reimbursement is for Trust participants only. (Those members whose employers have paid or are now paying into the Training Trust Fund of Western Washington). See written policy for more information.

Signature: _____ Date: _____