



TRAVEL REQUEST FORM – DATE _____

INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS

12109 Hawthorne Boulevard, Hawthorne, California 90250

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

CONFERENCE/REASON FOR TRAVEL _____

PER DIEM

FIRST DAY OF TRAVEL _____ LAST DAY OF TRAVEL _____

FLYING OR DRIVING (CIRCLE ONE)

IF DRIVING, MILES FROM STARTING POINT/HOME TO DESTINATION _____

MILEAGE RATE 2025 .70/cents Total _____

REGISTRATION FEES/OTHER FEES

FEES PAID FOR:	
FEES PAID FOR:	
FEES PAID FOR:	
OTHER:	
OTHER:	

TIME LOST

	DATE	SHIFT/RDO.	HOURS PER DAY
SATURDAY			
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
		TOTAL HOURS	
		HOURLY WAGE	
		GROSS WAGES	

*UA employees must complete UA Union Business Payroll Authorization and attached to this form.

To be completed by Secretary Treasurer

Payment Amount _____ Check # _____ Date _____

Approved: President _____ Secretary Treasurer _____ Date _____