

**Send Completed Form To: Shirley Martinez, Executive Secretary**  
**Fax: 213-388-9921**

<b>AFSCME CA LOCAL 2620</b>	
<b>TRAVEL AUTHORIZATION FORM</b>	
<b>FORM MUST BE COMPLETED &amp; APPROVED PRIOR TO MAKING TRAVEL ARRANGEMENTS</b>	
Name -Union Position-NAME MUST BE EXACTLY AS ON OFFICIAL IDENTIFICATION	Date of Request  / /
DATE OF BIRTH-MUST AGREE TO OFFICIAL IDENTIFICATION (MM/DD/YYYY)	Work Phone:
EMAIL ADDRESS:	Cell Phone:
MAILING ADDRESS:	
<b>Request for Approval to Travel for the Following (One Form per Event):</b>	Date of Event:  / /
NAME OF EVENT ATTENDING:	Time Event begins:   <b>am/pm</b>  Time Event ends:   <b>am/pm</b>
Detail explanation of union purpose for this event:	
<i>Provide detail information regarding the dates and times of travel.</i>	
Method of Travel: <input type="checkbox"/> Flight <input type="checkbox"/> Mileage (Car) # of Miles _____ RT <input type="checkbox"/> Amtrak	Date of Travel:
Lodging Request: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain)	
Make of Vehicle	Current Odometer Reading *:
<i>*occasionally the odometer may be checked by the Administrator or Representative</i>	
Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain)	Time available for Travel:
<b>Please note that Out of Town Travel is approved on an as needed basis and only when no similar event is held in your local area</b>	
Requested by (Signature) <b>X</b>	Phone
Name	Union Position
Approved by (Signature) <b>X</b>	Date
<i>(Administrator or Deputy Administrator)</i>	

**This form must be submitted 3 weeks prior to travel.**  
**Acceptions may be considered on an individual basis by the Administrator.**

