Minority Assembly Member Travel Approval Form 2015-2016

Name _____

Room # _____ Building _____ Telephone _____

This request is for: ❑ In-state travel ❑ Out-of-state travel

Reimbursement will be requested for (estimate amounts, of possible):

❑ Travel (includes parking) $ _____

❑ Conference fee/registration $ _____

❑ Hotel $ _____

❑ Meeting Room Rental $ _____

❑ Meals $ _____ Estimated total: $ _____

Name of meeting, conference, etc.: _____

Sponsoring organization: _____

Dates: _____
MEETING DATES DATES YOU PLAN ON ATTENDING

Location: _____
CITY STATE ZIP

Your participation (give speech, present paper, attend panel discussion, etc.): _____

Date of request (approval MUST be granted prior to trip): _____

_____
Legislator's signature

_____
SPEAKER ROBIN VOS SIGNATURE

❑ Approved ❑ Disapproved

❑ Out of Office Account

_____
MINORITY LEADER PETER BARCA SIGNATURE

_____
Date

ATTACH A COPY OF AGENDA AND REGISTRATION