

Travel Request – USW Local 12-591

Name _____ Unit _____

Purpose of Travel _____

Date of Travel Depart _____ Return _____

Hotel

Hotel Required Yes No

Hotel _____ Hotel Address _____

Room Preferences

Single Occupancy Double Occupancy/2 Beds King Bed Queen Bed Non-Smoking Smoking

Travel Requirements Air Train Driving Other _____

Airline Information

Airline _____

Departing Airport _____ Arriving Airport _____

Preferred Departure Times Departure _____ Return _____

Flight #(s) Departure _____ Return _____

Seat Preference Window Aisle None

Airporter Required Yes No

Train Information

Departing Station _____ Arriving Station _____

Preferred Departure Times Departure _____ Return _____

Train Numbers) Departure _____ Return _____

Sleeper Car Required

Signatures Required!

Local President _____

Financial Secretary _____