

HVTU Governance Policy Activity/Function Request Form

Required Prior to Approval of any Special Requests

(To be used for ALL Requests other than NEA RA, Education Minnesota RC/AFT/QuEST)

Activity/Function:	Activity Date:	# of Participants:
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Contact Person: Address:	Names of Participants:
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<u>Cost of Activity</u>	
Transportation Expense: <input type="text"/>	Lodging Expense: <input type="text"/>
Meal Expense: <input type="text"/>	Registration Cost: <input type="text"/>
Local Contribution: <input type="text"/>	
Total Amount Requested from HVTU: <input type="text"/>	

Description of Activity/Function and Purpose:

I understand approval of this request is contingent upon my attendance and participation in the activity/function. I/we will report to the HVTU Governance Board the month following completion of the activity.

_____ Participant Signature	_____ Participant Signature
_____ Participant Signature	_____ Participant Signature

Local President's Signature: _____	Date: _____
Local Name: _____	

HVTU President's Signature: _____	Denied: _____
Date: _____	Approved: _____
Reason: _____	

b. HVTU will pay for all expenses submitted on an expense reimbursement form for all members to attend functions approved/requested by the HVTU Governance Board. The Activity/Function Request Form must be completed and signed by the member's local president prior to Governance Board taking action. All reimbursement forms shall be submitted with verification attached and signed by the member.