

Please return a copy to:

CTA  
Governance Support Dept.  
P.O. Box 921  
Burlingame CA 94011-0921

NAME \_\_\_\_\_  
Please print Signature

ADDRESS \_\_\_\_\_

Or fax to (650) 552-5010

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

STATUS, IF OTHER THAN  
VOTING REPRESENTATIVE:

**FOR MEMBER TO COMPLETE:**

**I. TRANSPORTATION CHARGES**

- A. Round Trip Air Fare \$ \_\_\_\_\_  
Airport \_\_\_\_\_  
Airline \_\_\_\_\_
- B. Car Expense: \_\_\_\_\_ miles X 58¢ \$ \_\_\_\_\_
- C. Parking Charges, if any \$ \_\_\_\_\_
- D. Bridge Toll, if any \$ \_\_\_\_\_

**II. MEALS (Itemized receipts are required for all meals)**

- A. Friday Dinner \$ \_\_\_\_\_
- B. Saturday Meals, up to \$85.00 \$ \_\_\_\_\_
- C. Sunday Dinner \_\_\_\_\_  
(Only if required/authorized  
for travel purposes)  
Breakfast & Lunch provided by CTA

**III. PORTAGE (\$7.00 per day)**

\$ \_\_\_\_\_

**IV. LODGING (check one)**

- A. I plan to stay Friday night only \$ \_\_\_\_\_  
Saturday night only \$ \_\_\_\_\_  
Both nights \$ \_\_\_\_\_

B. CTA will pay approximately **\$82.15** per night for October 2019 and **\$84.46** effective for January, March, and June 2020. Those wishing a single room must pay the differential of **\$82.15** per night for October 2019 and **\$84.46** per night for January, March, and June 2020. The partial payment will be based on the higher rate of **\$84.46** for 2019-2020.

**V. A partial payment (equaling APPROXIMATELY two-thirds of the total State Council expenses) will be distributed after adjournment.**

**(Partial payment form MUST be received by the Governance Support Dept. 3 weeks prior to the date of the State Council meeting in order to receive a partial payment check on Sunday afternoon following adjournment.)**

**\*\*\*\*THIS SIDE FOR CTA OFFICE USE ONLY\*\*\*\***

**PLEASE DO NOT FILL IN THESE TOTALS! THEY ARE FOR CTA OFFICE USE ONLY!**

TOTAL  
TRANSPORTATION  
ALLOWANCE  
REQUESTED \$ \_\_\_\_\_  
(for CTA office use only)

TOTAL  
MEALS  
ALLOWANCE  
REQUESTED \$ \_\_\_\_\_  
(for CTA office use only)

TOTAL – PORTAGE \$ \_\_\_\_\_  
(for CTA office use only)

TOTAL – HOTEL \$ \_\_\_\_\_

TOTAL STATE COUNCIL  
EXPENSES \$ \_\_\_\_\_

**PAY** \$ \_\_\_\_\_  
(for CTA office use only)

**\*\*\*\*THIS SIDE FOR CTA OFFICE USE ONLY\*\*\*\***