Western States Carpenters Training Fund



Bakersfield Buena Park Ontario San Diego Utah

btc@swctf.org bptc@swctf.og otc@swctf.org sdtc@swctf.og utah@swctf.org

Denver Phoenix Ventura

denver@swctf.org phoenix@swctf.org Santa Maria vtc@swctf.org vtc@swctf.org

Las Vegas <u>lasvegas@swctf.org</u> reno@swctf.org Reno Sylmar stc@swctf.org wtc@swctf.org Whittier

DEPT#

	Apprentice	<u>: Travel F</u>	Request	<u>Form</u>
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For apprentices residing 80 or more miles from designated training center.

Appren	tice Infor	mation:					_				
Name:						UBC ID:			Email:		
	(Nam	e must mat	tch that	on ID if	Flying)				_	~ "	
Traveli	ng to:					(If Flying) Birthdate:			_	Cell Phone :	
Course	Name:					Start Date:				End Date:	
Travel 1	<u>Informati</u> s:	on:									
Driving	;	YES 🗖		NO			Flying:	YES		NO	
-	ure City (and Date:	or Airport	_				Preferre	ed Depar	ture Time:	<u> </u>	
Return	Date:					_					
Special	Request /	Frequent	Flyer#	_							
Hotel S	tay:										
NO		YES			Check-In Date:				Check-O	ut Date:	
Hotel S	tay:										
NO		YES			Check-In Date: _				Check-O	ut Date:	
	For	<u>m must b</u>	e com	pleted :	and returned 2 w	eeks prior to clas	ss. Once co	mpletec	I EMAIL	to your	training center.
(Initials)	An Anne	ntiae mud	و بیواله	nough a	ammuta tima ta aba	oli into the betal bet	waan tha hay	um of 2:0) n m 11	.00	prior to the first day of training
				Ū					•		orior to the first day of training.
	_ A major	credit card	must be	presen	ted at check in and a	all incidental charge	s to the room	are the r	esponsibilit	y of the A	pprentice.
	Hotel roo	oms are praining will be	ovided f oe requi	or an A red to re	pprentice participati imburse the SWCT	ng in related trainin F for such training s	g. Any Appr essions, any	entice wh hotel cos	no fails to a ts, and any	ittend or f other cos	fully participate in all sessions of sts.
											Apprentice's must respond to the celling hotel accommodations.
											llow enough commute time to ibility of the Apprentice.
					notel stays over a we e not to travel back		nat does not _l	precede a	a training da	ay; he or s	she is responsible for their own
	Apprention or resulti	ce's family,	or other es are th	r person e respo	in the Apprentice's nsibility of the Appre	hotel room with the	Apprentice's	consent.	Any charge	es incurre	the Apprentice, a member of the ed due to damages, judgements ups necessary to collect all
	actually i	ncurred wh	ether or	not litig	nify and hold harmle ation is commenced this Agreement or a	I based on or in con	nection with o	or arising	out of any l	osses or o	t of attorneys' fees and costs costs incurred by the SWCTF for visions.

Hotel Booking Policy and Requirements

Hotel accommodations are provided for an Apprentice participating in related training by the Southwest Carpenters Training Fund. However, the Southwest Carpenters Training Fund requires all apprentices requesting a hotel accommodation to complete the information below.

If you fail to show up on the check-in date(s) requested your card will be charged for a one-night stay and tax charges. When requesting reservations, please verify that the check-in and check-out dates are correct. If any late arrivals or early departures result in an extra fee the credit card listed below will be charged. All cancellations and or changes must be made (48) hours prior to check-in by contacting your training center. Effective **immediately**, a credit card is required in order to secure your reservation.

During the tenure of your apprenticeship if you request hotel accommodations and fail to show up on more than two separate occasions, the SWCTF will not make any more reservations on your behalf for the remainder of your apprenticeship. You will be responsible to make your own hotel accommodations and you will not be reimbursed.

Apprentice Credit Card Authorization Information

I,	, hereby authorize the Southwest Carpenters Train	ning Fund to charge my credit card for the hotel
charges in association with:		
☐ - One-night stay Tax(es), and	1 Fee(s) – No show	
	□ - Discover □ - MasterCard □ - Vi	
Cardholder Name:		
Credit Card Number:	-	
Expiration Date:	Security Code (3 Digits)	
Billing Address:		
and tax charges on or after the i	and authorize the Southwest Carpenters Training ndicated date below. This is authorization for a sin unrelated debits or credits to your account.	Fund to charge your credit card for a one night stay
Cardholder's Signature:		
		e information. I certify all information in this form is the right to verify all information provided by the card
Apprentice Signature:		Date:
Coordinator Approval:		Date:
If the Apprentice is a mino	or, a parent or guardian signature is required to assume legal and	I financial responsibility on behalf of minor Apprentice.
Parent/Guardian Signature:		Date:

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Santa Maria vtc@swctf.org
Ventura vtc@swctf.org

Las Vegas lasvegas@swctf.org
Reno reno@swctf.org
Sylmar stc@swctf.org
Whittier wtc@swctf.org

				Apprentice	Travel Req	uest Form			DEPI#		
For apprentices residing 80 or more miles from designated training center.											
Apprer	ntice Informat	tion:									
Name:	(Name m		Ir name I		UBC ID:	(Your UBC # he U1234-567		(You	ur email here*)		
Traveli	ng to:	Vhittie	r Training	g Center*	(If Flying) Birthdate:	(ONLY IF	FLYING)	Cell Phone : (Yo	our Cell Phone #*)		
Course		•		s your taking		(Class start	date here*)	End Date: (Cla	ass end date here*)		
Travel	Information:	eck Class	letter of TVC	card for correct clas	s name)						
Addres		(You	r Home A	Address here	[*] - Address, str	eet name, ap	ot/unit, city,	state, zip.*			
Driving	g: YES	; (Select one*) NO		·	Flying: Y	ES (Select	one*) NO			
Depart	ure City (or A	virport):	(ONLY	' IF FLYING - fil	I in specific name	of airport in whi	ch you would	like to fly out	of*)		
Outbou	ınd Date:	(ONL)	/ IF FLYING	- Outbound date)		Preferred D	eparture Time	(ONLY IF F	LYING - Departure time)		
Return	Date:	(ONL	Y IF FLYING	G - Return date)		Preferred D	eparture Time	(ONLY IF F	LYING - Departure time)		
Special	Request / Fre	equent F	lyer#	(Optional)							
Hotel S	tay:										
NO	(Select one*)	YES		Check-In Date:	(Check-in date may only be as	early as the sunday before o	class) Check-O	out Date: (Check-ou	it date must be no latter than the thursday o		
Hotel S	tav:										
NO	(Select one*)	VEC		Chaolz In Datas		the below dates if you a			ut date must be no latter than the thurday cl		
NO					(Check-in date may only be as						
INITAL ALL SPA	Form I	nust be	completed	and returned 2	weeks prior to cl	ass. Once comp	leted EMIAIL	<u>to your train</u>	ung center.		
(Initials)		e must a	ıllow enough	commute time to o	check into the hotel be	etween the hours o	of 3:00 p.m. – 11	:00 p.m. prior to	the first day of training.		
*	_ A major cred	lit card m	ust be prese	nted at check in an	d all incidental charg	es to the room are	the responsibilit	ty of the Apprent	tice.		
*	_ Hotel rooms related traini	are prov	rided for an A required to r	Apprentice participreimburse the SW0	ating in related traini CTF for such training	ng. Any Apprentionsessions, any hote	ce who fails to a	attend or fully partend	articipate in all sessions of		
*									ntice's must respond to the hotel accommodations.		
*					11:00 a.m. on the last narges incurred beca				nough commute time to of the Apprentice.		
*				hotel stays over a se not to travel bac		that does not pred	ede a training d	ay; he or she is	responsible for their own		
*	Apprentice's	family, o egal fees	r other perso are the resp	n in the Åpprentice onsibility of the App		e Apprentice's con:	sent. Any charg	es incurred due	prentice, a member of the to damages, judgements cessary to collect all		
*	The Apprent	ice shall or	defend, inder ther or not liti	mnify and hold han	mless the Fund from ed based on or in co	and against any cl	aim including the	e payment of att losses or costs i	orneys' fees and costs ncurred by the SWCTF for		

a breach of any of the provisions of this Agreement or any wrongful conduct or negligence in connection with such provisions.

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Apprentice Credit Card Authorization Information

I, (Your name here*)	_, hereby authorize the Southwest Carpe	enters Training Fund to charge my	credit card for the hotel
charges in association with:			
☐ - One-night stay Tax(es), an	nd Fee(s) – No show		
(Select Card Type*) Type of Card □ - AMEX	☐ - Discover ☐ - MasterCard	□ - Visa	
Cardholder Name:	(Name as is on Card*)		
Credit Card Number:	(Full Card_Number*)		
Expiration Date:	(Exp. Date*) Security Code (3 Digits)	(Sec. Code*)	
Billing Address:	illing Address in which the card is r	egistered too*)	
_			
and tax charges on or after the	e and authorize the Southwest Carpenters indicated date below. This is authorization il unrelated debits or credits to your accou	on for a single transaction only and	
Cardholder's Signature:	You sign here*)		
	ow, I confirm I have read and understand the Southwest Carpenters Training Fund		
Apprentice Signature:	(You sign here*)	Date:	(current date)
Coordinator Approval:		Date:	
If the Apprentice is a mir	or, a parent or guardian signature is required to assu	me legal and financial responsibility on bel	nalf of minor Apprentice.
Parent/Guardian Signature	(Parent signature here - only if apprentice	is under 18 years only*) Date:	(current date)

EXPENSE	REPORT NAME:	JBC:			Date	From:	То:	o:		
Class Nan	ne(s):							Other Expense		
Date	Description	Lodging	Airfare/Train	Taxi	Mileage	Meals	Parking	Description	Amount	Daily Total
	TOTALS									
								Total Expense		
I certify that this claim is true and correct and incurred for the stated purpose; that no part thereof has been heretofore claimed or will be claimed from any other source. Employee's		Mail ched	ck to:			Coordinator's Signature:				
Signature:			. ,					Director's Signature:		

EXPENSE REPORT NAME: (Your name here*) UBC: (Your UBC # here*) Date From: (Class start date here*) To: (Class end date here*)											
	me(s): (Enter Class Name here*			ODD				Other Expense			
Date	Description	Lodging	Airfare/Train	Taxi	Mileage	Meals	Parking	Description	Amount	Daily Total	
DATE*	Home to Whittier Training Center*				Mileage one way*						
DATE*	Whittier Training Center to Home*				Mileage one way*						
DATE*	FOOD (Must have hotel reserv. to claim food)					#1		Ex. Fast Food	\$.\$\$		
DATE*	FOOD (Must have hotel reserv. to claim food)					#2		Ex. Fast Food	\$.\$\$		
	TOTALS			Total Milage							
								Total Expense	Total Food Amount		
	at this claim is true and correct a			Mail ched				Coordinator's Signature:			
stated purpose; that no part thereof has been heretofore claimed or will be claimed from any other source. Employee's				(Enter your current Home Address)							
Signature:			. ,				Director's Signature:				
(You sign here*)											