



TRAVEL ASSISTANCE REQUEST FORM

Alaska Laborers Training School

17805 Old Glenn Hwy., Chugiak, AK 99567
Ph (907) 345-3853 | Fax (907) 202-9999
email: training@aklts.org

2121 Kiana St., Fairbanks, AK 99709
Ph (907) 452-3146 | Fax (907) 455-4386
email: info@aklts.org



DATE _____

LAST NAME _____ FIRST NAME _____ BIRTH DATE _____

PHYSICAL ADDRESS _____ CITY _____ AK ZIP _____

MAILING ADDRESS _____ CITY _____ AK ZIP _____

PHONE _____ ALT. PHONE _____ EMAIL _____

TRIP INFORMATION

Please note detailed travel route, including all methods of necessary transportation.
All travel arrangements **MUST** be approved prior to finalizing and departure dates.

CLASS NAME & CLASS DATES	CLASS LOCATION
TRAVELING FROM	TRAVELING TO
TRAVELING DATES	HOUSING REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO

<input type="checkbox"/> APPRENTICE <input type="checkbox"/> JOURNEY WORKER	MEMBER OF: <input type="checkbox"/> 341 ANCHORAGE <input type="checkbox"/> 942-FAIRBANKS <input type="checkbox"/> 942-JUNEAU <input type="checkbox"/> OTHER _____
PREFERRED METHOD OF TRAVEL: <input type="checkbox"/> DRIVING <input type="checkbox"/> AIRFARE <input type="checkbox"/> FERRY <input type="checkbox"/> TAXI	By signing below I acknowledge and understand that all travel requests must be pre-approved and requested at least 2 weeks in advance of travel date and training.

SIGNATURE _____ DATE _____

OFFICE USE ONLY - PLEASE DO NOT WRITE BELOW			
DRIVING	TO _____		\$ _____
AIRFARE	TO _____		\$ _____
FERRY	TO _____		\$ _____
TAXI	TO _____		\$ _____
LODGING:	WHERE? _____		
DATE FROM _____	TO _____		\$ _____
GRANT <input type="checkbox"/> STEP <input type="checkbox"/> STEP-GC <input type="checkbox"/> OTHER		TOTAL	\$ _____
RECEIVED ON _____	APPROVED BY _____	APPROVED DATE _____	