



IBEW LOCAL UNION 595

6250 Village Parkway
Dublin, CA 94568

Request for Stipend/Per Diem

TO: THE EXECUTIVE BOARD

NAME, DATES AND LOCATION OF CONFERENCE: _____

AMOUNT \$ _____

REQUESTED BY _____

ADDRESS _____

APPROVAL DATE BY E-BOARD _____

DATE PAID _____ AMOUNT \$ _____

CHECK NUMBER _____