REQUEST FOR TO MAKE A LEGISLATIVE OR BRANCH VISIT

Date: _____

Name: _____

Request to visit:_____

Location: _____

Reason for visit: _____

_____

Requesting EXPENSES: ☐

Requesting ASSIGNMENT PAY ☐

PLEASE CHECK

☐ **APPROVED**

☐ **DISAPPROVED**

SIGNATURE OF PRESIDENT OR VICE PRESIDENT

_____ Print Name _____

TSALC