

TA No.

UNIVERSITY OF ALASKA
OUT OF STATE TRAVEL AUTHORIZATION

Planned Method of Reimbursement

Traveler's Name : _____

Dept. Name: _____ Ext: _____

UAF/Banner ID : _____

Travel Coord: _____

Employee Non Employee Student Volunteer

ARE YOU A CITIZEN OR PERMANENT RESIDENT? No Yes

Mailing Address: _____

Dept. Travel/ProCard/JV/PO Used No Yes

Comments

Reason for Trip: _____

Travel From: _____

Travel To: _____

Date Leaving : _____ Return Date: _____

Meeting Dates: _____

Personal Dates: _____ (Business-only comparison required)

Birth Date: _____ Gender: _____

Mileage #: _____ Seating Preference: _____

Meals and Incidental Rates Based on Destination Location
Domestic Travel
M & IE reimbursement at lower of actual cost or per diem
Traveler must present receipts to receive M & IE reimbursement.

***Birth Date, Gender, Mileage and Seating Required for Airfare Reservation Purposes Only**

Lodging greater than 150% of the standard rate will require a written business justification
Lodging:
Standard Rate: \$ _____ x 150% = \$ 0.00
Monthly Lodging Rates:
[Domestic Lodging](#)
[Alaska Lodging](#)

Estimated Costs:
Transportation: Mode of Travel Air \$ _____
Lodging _____ Days at \$ _____ \$ 0.00
Meals Outbound _____ Days at \$ _____ \$ 0.00
Meals Returning _____ Days at \$ _____ \$ _____
Ground Transport _____ \$ _____
Registration/Other _____ \$ _____
TOTAL TRAVEL ESTIMATE \$ _____

Travel advances must be cleared when the travel expense report is filed, and if not cleared within 30 days of return the advance may be withheld from the traveler's pay check.

Travel Advance (If Applicable) Amount Requested: _____

Travel Approvals:

Self Authorization : _____ By checking this box I certify I have [UAF Self Travel Authorization](#) for domestic travel (International travel requires supervisor approval)

Supervisor / Dept. Head : _____ Date : _____

Expenditure Authority: _____ 2nd (if applicable) _____ 3rd (if applicable) _____ Date : _____

Expenditure Authority Delegated: For: _____ Date : _____

Dean/Director (out of state approval only): _____ Date : _____

TA No. 0

Encumbrance Maintenance

Travel Coordinator Use Only

Fund	Orgn.	Acct.	Amount

TOTAL TRAVEL AMOUNT 0.00

Less Travel Card Amount < >
Less Pro Card Amount < >
Less Other Amounts < >

\$ 0.00 ⇔ **Encumbrance Total** ⇔ \$ 0.00

Entered By: _____ Date: _____ Comments: _____