

TA Number

UNIVERSITY OF ALASKA TRAVEL AUTHORIZATION

TA Number to be assigned by Dept Travel Coordinator

Travelers Identification

Traveler's email address: Travel Coordinator: Department:

First Name: Middle Name: Last Name:

Mailing Address; Street/PO Box: City: State/Province: Zip/Postal Code:

UA Employee ID: Birth Date (required by TSA): Gender:

Are you a US citizen? Yes No
 Are you a UA employee? Yes No

If you are not a UA employee AND answered "No" to Citizenship, please fill out TSDf form.
"I understand that all travel requires me to carry my I-20, DS2019, I-797 and/or PR card." Initial Here

Trip Information

Date Leaving: Return Date: Personal Days: (Business only comparison required before purchasing)

Meeting or Conference Link: Reason for trip(s): *Provide purpose and benefit to the University*

Originating From: Destination: Meeting Dates:

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Estimated Trip Costs

Standard Rate x 150% = MAU Travel Admin approval

Note: lodging greater than 150% of the standard rate will require prior approval from the Travel Administrator.

Mode of transportation: Cost

Lodging

No. days: Rate 1: No. days: Rate 2: No. days: Rate 3:

Meals & Incidentals

No. days: Rate 1: No. days: Rate 2: No. days: Rate 3:

Ground

Car rental: Shuttle: Taxi: other::

Registration cost: Supplies: Parking: Baggage fee, ect:

Administrative Info

FUND	ORG	ACCT	PROGRAM	AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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TOTAL TRAVEL AMOUNT

Less Travel Card Amount

Less ProCard Amount

Less Other Amount(s)

Total Encumbrance

Travel Coordinator Info

Please book and or purchase the following: Air Hotel Car

Travel Advance Requested: Amount Requested:

Travel Approvals:

Supervisor: _____ Date _____ Dean/Director _____ Date _____

Entered By: _____ Date _____ Workflow _____ Comments: _____