

TA No.

UNIVERSITY OF ALASKA TRAVEL AUTHORIZATION

Traveler's Name: _____

Department Name: _____

Banner ID : _____

Travel Coord/Phone #: _____

Employee Non Employee Student Volunteer

ARE YOU A CITIZEN OR PERMANENT RESIDENT? No Yes

Mailing Address: _____

If you are not a University Employee and Answered 'NO' please fill out a TSDF form.

Reason for Trip: _____

Dept. Travel Card Used No Yes # _____

Dept. PCard Used No Yes # _____

Other Procurement Used No Yes # _____

Travel From: _____

Notes

Travel To: _____

Date Leaving : _____ Return Date: _____

Meeting Dates: _____

Personal Dates: _____ (Business-only comparison required)

Birth Date: _____ Gender: _____

Mileage #: _____ Seating Preference: _____

Meals and Incidentals: Per Diem Actual

Claiming less than allowable Per Diem

Lodging:

Standard Rate: \$ _____ x 150% = \$ _____

Lodging greater than 150% of the standard rate will require approval from the Travel Administrator

UAF Travel Admin Approval

[Domestic Per Diem/Lodging Website](#)**Estimated Costs:**

Transportation: Mode of Travel _____ \$ _____

Lodging _____ Days at \$ _____ \$ _____

Meals _____ Days at \$ _____ \$ _____

Ground Transport _____ \$ _____

Registration/Other _____ \$ _____

TOTAL TRAVEL ESTIMATE \$ _____****BY SIGNING BELOW:** I, the traveler, understand that if renting a car I must obtain the most economical rate, that insurance costs will NOT be reimbursed, and anything larger than a midsize requires pre-approval. If requesting an advance, I understand that it must be cleared within 30 days or it may be withheld from my paycheck, and I must submit a Travel Expense Report within 15 days of return per UA Regulation 05.02.060.**Travel Advance (If Applicable) Amount Requested:** _____

Traveler's Signature: _____ Date: _____

Supervisor / Dept. Head : _____ Date : _____

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

TA No.

Encumbrance Maintenance****Travel Coordinator Use Only****

Fund	Orgn.	Acct.	Amount

TOTAL TRAVEL AMOUNT

Less Travel Card Amount _____

Less Pro Card Amount _____

Less Other Amounts _____

\$ _____ ⇌ **Encumbrance Total** ⇌ \$ _____

Entered By: _____ Date: _____ Comments: _____

TA Changes: _____