

TA No.

**UNIVERSITY OF ALASKA
TRAVEL AUTHORIZATION**

Traveler's Name: _____ Dept. Name: _____
 Banner ID : _____ Gender: **M** **F** D.O.B.: _____ Dept. Contact: _____
 Employee Non Employee Student Volunteer Dept. Phone: _____
 Seating Prefer: _____ Mileage #: _____ Dept. Address: _____
 Mailing Address: _____ ARE YOU A CITIZEN OR PERMANENT RESIDENT? No Yes
 Reason for Trip: _____ If you are not a University Employee and Answered 'NO' please fill out a TSDF form.
 Travel From: _____ Dept. Travel Card Used **No** **Yes** # _____
 Travel To: _____ Dept. PCard Used **No** **Yes** # _____
 Date Leaving : _____ Return Date: _____ Other Procurement Used **No** **Yes** # _____
 Meeting Dates: _____ => Agenda/Schedule must be provided for all conference travel.
 Vacation Dates: _____ => Comparison itinerary must be provided when personal leave dates are included.
 Comments: _____

Meals and Incidentals:

Per Diem Actual
 Claiming less than allowable Per Diem

Lodging:

Standard Rate: _____ X 150% = _____
 Standard Rate: _____ X 150% = _____

* Lodging greater than 150% of the standard rate will require approval from the Travel Administrator
 Lodging greater than 1.5 Standard (Per Diem) Rate

Travel Administrator (or Designee) Approval Required
[Domestic Per Diem/Lodging Website](#)

Estimated Costs:

Transportation: Mode of Travel _____ \$ _____
 Registration: _____ \$ _____
 Lodging ___ / ___ Days at \$ _____ / \$ _____ \$ _____
 Meals ___ / ___ Days at \$ _____ / \$ _____ \$ _____
 Ground Transportation _____ \$ _____
 Baggage _____ \$ _____
 Parking _____ \$ _____
 Other (specify) _____ \$ _____
TOTAL TRAVEL \$ _____

* I understand that a travel advance must be cleared when the travel expense report is filed, and if not cleared within 30 days of return that the advance may be withheld from my pay check. **Travel Advance (If Applicable) Amount Requested: \$ _____**

I will ensure that an expense report, with required documentation, is submitted within 15 days after travel has been completed. Regents Regulation R05.02.06 A. 14. b. (2) Original receipts should be submitted. If not submitted, the reason for this failure to do so must be explained on the expense report.

Traveler's Signature : _____ Date : _____
 Supervisor / Dept. Head : _____ Date : _____
 Dean/Director (out of state approval) : _____ Date : _____

**Signatures above attest that information recorded on this form are true, accurate, and complete representations of intentions related to performance of university-related business activities.
 If for any reason the travel as requested is changed, a revised request will be submitted immediately for approval.
 No travel is to be performed until an approved authorization for specific dates is returned to the traveler.**

Encumbrance Maintenance

TA No.

Fund	Orgn.	Acct.	Amount

TOTAL TRAVEL AMOUNT _____
 Less Travel Card Amount < _____ >
 Less ProCard Dept Amount < _____ >
 Less Other Amounts < _____ >

\$ _____ ⇔ **Encumbrance Total** ⇔ \$ _____

Entered By: _____ **Date:** _____ **Comments:** _____