

TA No.

UNIVERSITY OF ALASKA
INTERNATIONAL 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

International Travel

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:**

International Lodging

U.S. Territories and Possessions

Domestic Lodging

*By checking this box the traveler has been notified of regulations
regarding foreign travel with export controlled goods.***Estimated Costs:**Transportation: Mode of Travel Air \$ _____Lodging _____ Days at \$ _____ \$ 0.00Meals 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:**

Supervisor / Dept. Head : _____ Date : _____

Expenditure Authority: _____ Date : _____

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

Dean/Director: _____ 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: _____