

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

M &amp; IE reimbursement at lower of actual cost or per diem

Traveler must present receipts to receive M &amp; 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

*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: \_\_\_\_\_

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 &lt; &gt;

Less Pro Card Amount &lt; &gt;

Less Other Amounts &lt; &gt;

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

Entered By: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_