FY17 Trip Request Form

For travel starting *after* July 1, 2016. 
If your travel is starting *before* July 1, 2016, please use the FY16 Trip Request Form (https://goo.gl/aYQ4S9).

Please complete the following information for travel request. This form may be used for single destination trips, multi-city trips, fiscal year local mileage requests, and travel with personal days attached.

If you are modifying a trip you have already submitted, please contact the Travel Customer Service Representative directly. There is no need for you to complete another form.

NOTE: If you have any documentation such as preferred airline itineraries, conference schedule, hotel reservations, etc, please scan and send to the Travel Office at (UAF-Shared-Travel-Services@alaska.edu). Please put your last name and travel dates in the subject line of your email.

* Required

1. Unit *
   Mark only one oval.
   - GI
   - SFOS
   - SNRE
   - Museum

2. Electronic TA or TEM Travel Processing *
   How would you like this trip to be processed? All non-UA employees & non-UA students have to be processed through Docusign. 
   Mark only one oval.
   - Electronic TA (Routed in Docusign)
   - TEM

3. Last Name *


4. First Name *


5. UA ID
   Please enter your UA ID number (format 3XXXXXXXX), if applicable.


6. **Contact Number**
   Please enter the contact phone number (including area code) in case there are questions.

7. **Email** *
   Please enter your UA "alaska.edu" email address. If you do not have an "alaska.edu" email address, please enter the email address you most frequently check.

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**Untitled Section**

8. **CC**
   If you would like someone copied on the correspondence concerning this trip, please enter their email address. Otherwise, leave blank.

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9. **Mailing Address** *
   Please enter your mailing address. This is the address you would like your reimbursement check mailed to (please enter an address even if you plan to ask for direct deposit).

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10. **Purpose** *
    Please check the main purpose of the trip. *Mark only one oval.*
    - [ ] Conference
    - [ ] Instructional
    - [ ] Meeting
    - [ ] Multi-Purpose
    - [ ] Program/Field work
    - [ ] Student Recruiting
    - [ ] Training
    - [ ] Workshop
11. **Description** *

Enter a brief description of your travel. What are doing and why? If attending a conference, please enter the complete name of the conference (no acronyms). If travel is related to a grant, please include the grant number, if known.

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12. **Type of Travel** *

Please check the type of travel. "Remote" travel is defined as any travel destination more than an hour's drive away from medical facilities or requires a medivac in case of a medical emergency. If you are traveling "Remote", please fill out the Remote Emergency Plan for Travel Form (copy-paste this link: [https://www.uaf.edu/snre-busoffice/travel/STS-Remote-Travel-Emergency-Plan-Form-2016.pdf](https://www.uaf.edu/snre-busoffice/travel/STS-Remote-Travel-Emergency-Plan-Form-2016.pdf))

Mark only one oval.

- [ ] Local Mileage Blanket
- [ ] In-State
- [ ] Remote In-State
- [ ] US Travel
- [ ] Remote US Travel
- [ ] Canadian
- [ ] Foreign
- [ ] Remote Foreign

13. **Affiliation** *

*Mark only one oval.*

- [ ] Faculty - Academic
- [ ] Faculty - Research
- [ ] Staff (non-faculty)
- [ ] Executive
- [ ] Student - Employee
- [ ] Student - Non-Employee
- [ ] Volunteer
- [ ] Vendor/Guest Speaker
14. **Funding Source** *
   Enter the anticipated funding source for travel expenses (include fund and orgn). If fund and orgn are not known, please enter the grant number, grant name, and fiscal officer name. If a GI work order is to be used with this travel, please include fund, orgn, and GI work order number.

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15. **Group Travel**
   Are you leading a group of people (staff, volunteers, or students) for whom you will assume responsibility for all expenses?
   *Mark only one oval.*
   - [ ] No     *Skip to question 18.*
   - [ ] Yes

**Group Travel**
Group travel is when one person is designated as the group leader to incur all travel expenses associated with the trip. There will be one TA and one TER for the trip under the group leader.

16. **Traveler Names and Email**
   Please enter the names and email addresses of all members of your group.

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17. **Per Diem Disbursement Options**
   UA regulation allows for two methods for receiving reimbursement for meals associated with group travel: Meals Actuals- the group leader submits the receipts for meals he purchases (not to exceed per diem) with a statement from the group members stating that all meals were provided. Meals Per Diem- the group leader hands out a meal allowance (not to exceed per diem) and has each traveler sign for the money received. This then acts as a receipt for the group leader to be reimbursed.
   *Mark only one oval.*
   - [ ] Meals Actuals
   - [ ] Meals Per Diem

**Travel Itinerary**
Please complete the following information concerning your trip itinerary.
18. **Travel Begin Date** *
   Enter date that travel will begin (including any personal days).

   *Example: December 15, 2012*

19. **Travel End Date** *
   Enter the date that travel will end (including any personal days).

   *Example: December 15, 2012*

20. **Personal Time Included** *
    *Mark only one oval.*
    
    - Yes
    - No

21. **Dates of personal time**
    Complete, if applicable.

22. **Multi-City Trip** *
    Please indicate if this is a multi-city trip.
    *Mark only one oval.*
    
    - Yes
    - No

23. **From** *
    Enter the location you are leaving on the first date of travel. Please include the zip code if it is known.

24. **To** *
    Enter the location you are going to. Please include the zip code if it is known. For multi-city travel, please enter the first destination in your itinerary.
25. *Itinerary Comments*

Please add any further itinerary information such as multi-city locations, preferred departure or arrival times, etc.

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26. **Type of TA?** *

A Standard TA form is applicable if the University will be paying for any expenses either directly or through reimbursement to you following the trip. A "No Cost" or "Insurance Only" TA contains NO expenses to be paid by UAF, either directly or indirectly through reimbursement to you after trip completion.

*Mark only one oval.*

- [ ] Standard TA
- [ ] Insurance Only or No-Cost TA

*Stop filling out this form.*

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### Travel Components

Please complete the following information concerning the travel components needed for this trip.

27. **Registration** *

Enter how the registration will be purchased.

*Mark only one oval.*

- [ ] No registration needed
- [ ] Travel Office will purchase
- [ ] Traveler will purchase
- [ ] Paid directly by external entity
- [ ] Reimbursed by external entity
- [ ] Other: ........................................................................................................................................

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28. **Conference Website**

Please enter the URL for the conference that you will be attending. If there is no URL, please send a copy of the conference schedule to the Travel Office.

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29. **Estimated Registration Cost**

Enter the estimated cost for registration.

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30. **Lodging Reservation/Purchase** *
   Enter how the lodging will be reserved and purchased.  
   *Mark only one oval.*
   - [ ] No lodging needed
   - [ ] Traveler will reserve & purchase
   - [ ] Travel Office will reserve & purchase

31. **Lodging**
   Enter the lodging needed for this trip.  
   *Mark only one oval.*
   - [ ] Conference hotel
   - [ ] Other: ..........................................................

32. **Estimated Lodging Cost per Night**
   Enter the estimated cost for lodging per night, if known.
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33. **Flight Purchase** *
   Enter how the flight will be purchased. If this is by personal payment, please send a copy of the proposed flight itinerary and cost to the Travel Office.  
   *Mark only one oval.*
   - [ ] No Flight Needed
   - [ ] Travel Office will purchase
   - [ ] Traveler will purchase
   - [ ] Paid directly by external entity
   - [ ] Reimbursed by external entity
   - [ ] Other: ..........................................................

34. **Estimated Flight Cost**
   Enter the estimated cost for airline ticket, if known.
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35. **Ground Transportation** *
   Enter the ground transportation needed for the trip. Check all that apply.
   Check all that apply.
   - [ ] No ground transportation needed
   - [ ] Mileage for use of personal vehicle
   - [ ] Parking
   - [ ] Shuttle/taxi/bus
   - [ ] Rental car (Traveler will reserve)
   - [ ] Rental car (Travel office will reserve)
   - [ ] UAF Vehicle
   - [ ] Other: ........................................................................................................

36. **Estimated Ground Transportation Cost**
   Enter the estimated cost for Ground transportation, if known.
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37. **Per Diem** *
   Choose the option wanted to cover Meal and Incidental cost (per diem). NOTE: Travel lasting less than 12 hours does not qualify for per diem or actual meals reimbursement. Mark only one oval.
   - [ ] Full Per Diem
   - [ ] Partial Per Diem
   - [ ] None
   - [ ] Actual Meal Costs

38. **Estimated Per Diem Cost**
   If you are claiming partial per diem or reimbursement for actual meals, enter the estimated cost per day, if known.
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39. **Cash Advance Needed** *
   Cash advances must be requested at least 2 weeks prior to the travel date. If approved, funds will be available no earlier than one week prior to travel. Mark only one oval.
   - [ ] Yes
   - [ ] No
40. Travel Component Comments
Please enter any further travel component information such as discount on registration due to presenting, need for a bigger vehicle, sharing room or car with another traveler, need for an invoice to external entity, etc.

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41. TripIt Master Itinerary
Would you like a TripIt Master Itinerary? This service is available for out of state and international trips, for which the Shared Travel Services office makes the travel arrangements. For more information on TripIt, please see www.tripit.com/uhp/faq. Mark only one oval.

☐ No
☐ Yes