

TA No.

UNIVERSITY OF ALASKA TRAVEL AUTHORIZATION

Traveler's Name : _____

Dept. Name: _____

Banner ID : _____

Travel Coord: _____

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 TSD 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: _____

Vacation Dates: _____ (Business-only comparison required)

Birth Date: _____ Sex: _____

Mileage #: _____ Seating Preference: _____

Meals and Incidentals: Per Diem Actual
 Claiming less than allowable Per Diem

Lodging:
 Standard Rate: \$ _____ x 150% = \$ 0.00

Lodging greater than 150% of the standard rate will require a written business justification

[Domestic Per Diem/Lodging Website](#)

Estimated Costs:

Transportation: Mode of Travel Air \$ _____

Lodging _____ Days at \$ _____ \$ 0.00

Meals _____ Days at \$ _____ \$ 0.00

Ground Transport _____ \$ _____

Registration/Other _____ \$ _____

TOTAL TRAVEL ESTIMATE \$ 0.00

**I understand that a travel advances 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: _____

Travel Approvals:

Supervisor / Dept. Head : _____ Date : _____

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