TRAVEL AUTHORIZATION AND EXPENSE REPORT	STATE OF ALASKA	TRAVEL AUTH NO.	EMP NO.	VN CUST NUM

TRAVEL AUTHORIZATION

NAME OF TRAVELER	TITLE	AGENCY
		Natural Resources (10)

DIVISION	BARGAINING UNIT	DUTY STATION	NORMAL WORK SCHEDULE (DOT ONLY)
			DAYS TIME

PHYSICAL HOME ADDRESS	CITY	STATE	ZIP CODE

PURPOSE OF TRIP					
TOTAL NOT TO EXCEED	REQUEST INCLUDES PERSONAL TRAVEL	No	DATE BEGINS	DATE ENDS	STATE AUTH AIRFARE

ITINERARY	FROM	DEPARTURE DATE	TO (DESTINATION)	RETURN DATE

FINANCIAL CODING	TEMP	FUND	UNIT	AR UNIT	TASK	FUNCTION	MAJOR PRGM	PROGRAM	BFY	DATES/%	REQUEST INCLUDES
											No Actuals
											No Travel Advance

APPROVAL TO TRAVEL	DIVISION (IN-STATE)	DATE	DEPT (OUT-OF-STATE)	DATE	GOV (INTERNATIONAL)	DATE

EXPENSE REPORT

ACTUAL TRAVEL, PER DIEM, AND REIMBURSABLE EXPENSES (NO PCARD CHARGES)

DATE	EXPLANATION	MEALS PROV	FACIL-ITY	# OF MILES	SURFACE TRANS MILEAGE	SURFACE TRANS OTHER	PER DIEM LODGING	PER DIEM M&IE	OTHER
					-				
					-				
					-				
					-				
					-				
					-				
					-				
					-				
	TOTALS				-		-	-	-

Claimant certifies by signing that the facts contained on this form and supporting documents are correct and constitute a valid claim against the State of Alaska.

TRAVELER SIGNATURE _____ DATE _____

EXPENSE REPORT APPROVAL SIGNATURE _____ DATE _____

COST VARIANCE		
N/A	TOTAL OUT OF POCKET EXPENSES	-
	ATM WITHDRAWAL	
	TRAVEL ADVANCE DN	
	TOTAL DUE TO/FROM TRAVELER	-
	STATE PAID EXP (PCARD / DIRECT BILL)	-
	TOTAL TRIP EXPENSE	-

TRAVELER'S REIMBURSEMENT WARRANT — IRIS DOCUMENT ID

FIN	TYPE	AMOUNT	IRIS OBJECT	FIN	TYPE	AMOUNT	IRIS OBJECT	PAGE CODE	DEPT	DOCUMENT ID
1				5					10	
2				6					10	
3				7					10	
4				TOTAL (PG 1)		-	TRAVELER VCN			

TAXABLE TRAVEL REPORTING

TOTAL	NONTAX	TAXABLE
		-

PREPARED BY

PREPARER'S PHONE NUMBER

STATE PCARD CHARGES AND OTHER STATE PAID EXPENSES — IRIS DOCUMENT ID

TYPE	REF ID	REFERENCE / INV NUMBER	VENDOR CUST NUM / VENDOR DESC	AMOUNT	DATE PAID	IRIS OBJECT	PAGE CODE	DEPT	DOCUMENT ID
								10	
								10	
								10	
								10	
								10	
								10	
								10	
								10	

Division of Forestry Meal Coupon Log

Issuing Office______________________________

Coupon Number	Issued by	Date Issued	Date to be used	Employee (Last, First)	B @ $12	L @ $16	D @ $22	Charge Code	O#	Date Invoiced	Date to Fiscal	Voided

Issuing Office ____________

LODGING LOG

201____

Date Reserved	Employee's Name (Last, First)	Vendor Name	Charge per Night	Number of Nights	Charge Code (CC or 8 digit Fire Number)	Date/s of Service	Auth. Initials	Date Invoiced	Date Invoice Sent to Anch. Fiscal