

Refer to Meal Program Agreement

Forestry Area Office with which the agreement was completed meal coupons and bills submitted to the be in compliance with the terms of the agreement, and this coupon for the amount on the Iront. Service must

ONLY service providers who have entered into an

agreement with the Division of Forestry may redeem

PURCHASE OR PAY FOR GRATUITIES, STATE FUNDS MAY NOT BE USED TO

ALCOHOLIC BEVERAGES, NON-FOOD

ITEMS OR TAXES.

This coupon is NON -TRANSFERABLE

VALID ONLY for: from personnel to whom it was issued and Use only by Forestry fire personnel Use only on the date listed on the front; Food items and non-alcoholic bever Amount stamped on the face of the printed on front and;

Coupon

Meal Forestry

Department of Natural Resources

State of Alaska

Division of Forestry

DO NOT COPY

|                  |           |                                       | Division of                                      | of Forestry Meal Co                    | upon l   | Log        |             |             |              |                  |                   |  |
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| ssuing Office    |           |                                       |  |  |  |            |             |             |              |                  |                   |  |
| Coupon<br>Number | Issued by | Date<br>Issued                        | Date to be<br>used                               | Employee (Last, First)                 | B @<br>\$12                                      | L@<br>\$16 | D @<br>\$22 | Charge Code | O#           | Date<br>Invoiced | Date to<br>Fiscal | Voided   |
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## **LODGING LOG** 201\_\_\_\_

| Issuing Office |  |
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| Date<br>Reserved   | Employee's Name (Last, First)   | Vendor Name                             | Charge per<br>Night | Number of<br>Nights | Charge Code (CC or<br>8 digit Fire Number) | Date/s of<br>Service                    | Auth.<br>Initials | Date<br>Invoiced                        | Date Invoice<br>Sent to Anch.<br>Fiscal |
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| TRAVEL AUTHORIZATION              |         |             |                                   |           | STATE OF ALASKA |                |          |           |       | EMP NO. TRAV |          |   | VEL AUTH NO. |        | TAPO NO.  |       |         |         |
|-----------------------------------|---------|-------------|-----------------------------------|-----------|-----------------|----------------|----------|-----------|-------|--------------|----------|---|--------------|--------|-----------|-------|---------|---------|
| AN                                | ID EX   | KPENSE F    | REPORT                            | 1         |                 |                |          |           |       |              |          |   |              |        |           |       |         |         |
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| NAME OF                           | TRAN    | /ELER       |                                   |           |                 |                | JOB      | BTITLE    |       |              |          |   |              |        | AGE       | ENCY  | DI      | IVISION |
| SECTION                           |         |             | -                                 | BAF       | RGAINING        | SUNIT          |          | DUTY S    | TATIC | ON           | 100      | NORMAL WORK SCHEDULE (DOT ONLY) DAYS TIME |              |        |           |       |         |         |
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| APPROV                            | /AL     | DIVISION    | N (IN-STATE)                      |           |                 | DATE           | DEPT (O  | OUT-OF-ST | TATE) |              | DA       | TE G                                      | OV (INT      | ERNA   | TIONAL)   |       | D/      | ATE     |
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|                                   |         |             |                                   |           | 114.            | F Bark Inc.    | MEALS    |           |       | # OF         |          | ACE TRANS                                 |              |        | PER DIEM  | 1     | T       |         |
| DATE                              |         |             | EXP                               | LANATI    | ON              |                | PROV     | ITY       |       | MILES        |          | E OTHE                                    |              | ODGIN  |           | M&IE  | -       | OTHER   |
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| Claimant cer                      | rtifies | by signing  | that the facts constitute a valid | ontained  | on this for     | rm and suppo   | orting   |           |       |              |          |   |              |        |           |       |         |         |
| docume                            | are     | Tect and c. | onstitute a vai                   | O Claum 6 | gainst the      | State or Alasn | ia.      | -         | TOTA  |              |          | -   |              |        | -         |       | -       | -       |
|                                   |         |             |                                   |           |                 |                |          | COST      | VARIA | ANCE         |          | TOTAL                                     |              |        | KET EXPE  |       |         | -       |
| AL/ELE                            | 51/     |             |                                   |           |                 |                |          |           | N/A   |              |          |   |              |        | WITHDRA   | WAL   |         |         |
| TRAVELE                           | Ron     | iNATUR      | E                                 |           |                 | DAT            | ſΕ       |           |       |              | TRA      | VEL ADV.                                  |              |        |           |       |         |         |
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| EYDENSE                           | DEP     | ORT AP      | PROVAL SIG                        | CNATI     | ne.             |                |          |           |       |              | 517      | ATE PAID                                  |              |        |           | -     |         | -       |
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