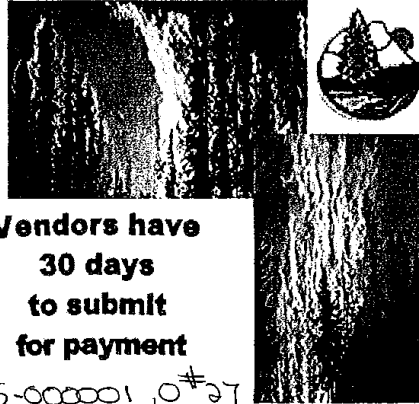


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# Forestry Meal Coupon

~~\$12~~ **\$16** ~~\$22~~  
NORTHERN REGION



**Vendors have  
30 days  
to submit  
for payment**

**Non-Transferable**

Valid Only on Date: 7/12/XX

User's Name (Print): Joe Firefighter

Fire Number: 73X11289

Authorized By: Karen Smith

Incident and Request #: (Ex. AK-FAS-000001, O-53) AK-FAS-000001, O#27

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## Forestry Meal Coupon

This coupon is NON-TRANSFERABLE from personnel to whom it was issued and VALID ONLY for:

- Amount stamped on the face of the coupon.
- Use only on the date listed on the front.
- Use only by Forestry fire personnel printed on front and;
- Food items and non-alcoholic beverages.

STATE FUNDS MAY NOT BE USED TO PURCHASE OR PAY FOR GRATUITIES, ALCOHOLIC BEVERAGES, NON-FOOD ITEMS OR TAXES.

ONLY service providers who have entered into an agreement with the Division of Forestry may redeem this coupon for the amount on the front. Service must be in compliance with the terms of the agreement, and completed meal coupons and bills submitted to the Forestry Area Office with which the agreement was signed.

Refer to Meal Program Agreement.

State of Alaska

Department of Natural Resources

Division of Forestry

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TRAVEL AUTHORIZATION  
AND EXPENSE REPORT



STATE OF ALASKA

EMP NO.

TRAVEL AUTH NO.

TAPO NO.

TRAVEL AUTHORIZATION

NAME OF TRAVELER		JOB TITLE			AGENCY	DIVISION
SECTION	BARGAINING UNIT	DUTY STATION	NORMAL WORK SCHEDULE (DOT ONLY)			
			DAYS	TIME		
PERSONAL PHYSICAL ADDRESS (Street No., City, State Zip) (optional)					REQUEST INCLUDES	No Actuals No Travel Advance
PURPOSE OF TRIP						
EXECUTIVE TRAVEL?	No	TYPE				
EST COST FROM TRAVEL REQUEST	\$0.00	REQUEST INCLUDES PERSONAL TRAVEL	No	MBI DATE BEGINS	MBI DATE ENDS	STATE AUTH AIRFARE
ITINERARY	FROM	DEPARTURE DATE	TO (DESTINATION)			RETURN DATE
FINANCIAL CODING	Financial Coding Split 1 - Percent: 100%;					
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	FACILITY	# OF MILES	SURFACE TRANS		PER DIEM			
					MILEAGE	OTHER	LODGING	M&IE	OTHER	
					-					
					-					
					-					
					-					
					-					
					-					
					-					
					-					
					-					
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.					TOTALS		-	-	-	-
					COST VARIANCE	TOTAL OUT OF POCKET EXPENSES		-		
TRAVELER SIGNATURE _____ DATE _____					N/A	ATM WITHDRAWAL		-		
						TRAVEL ADV. DOC #		-		
EXPENSE REPORT APPROVAL SIGNATURE _____ DATE _____					TOTAL DUE TO/FROM TRAVELER		-			
					STATE PAID EXP (PCARD / DIRECT BILL)		-			
					TOTAL TRIP EXPENSE		-			

TRAVELER'S REIMBURSEMENT WARRANT							IRIS DOCUMENT ID			TAXABLE TRAVEL REPORTING			
FIN	TYPE	AMOUNT	IRIS OBJECT	FIN	TYPE	AMOUNT	IRIS OBJECT	PAGE CODE	DEPT	DOCUMENT ID	TOTAL	NONTAX	TAXABLE
1				4									
2				5									
3				6									
TRAVELER VCN				TOTAL PG 1		-	GRAND TOTAL						

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	