

DO NOT COPY

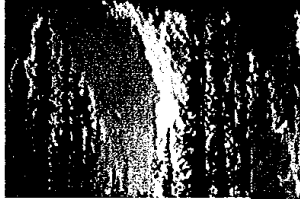

Forestry Meal Coupon

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

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

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

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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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LODGING LOG
201_____

Issuing Office

[illegible]

State of Alaska				Request for Travel Authorization and Booking		TA NUMBER		TAPO NUMBER	
Send New Booking Requests to: doa.ssoa.newbooking@alaska.gov						Send Requests TAPO Only requests to: doa.ssoa.selfbooking@alaska.gov			
TRAVELER INFORMATION									
TRAVELER'S LEGAL NAME (AS SHOWN ON GOV'T ID)				EMPL NUM		PHONE NO.		JOB TITLE	
AGENCY		DIVISION		SECTION				DUTY STATION	
DOES TRAVELER HAVE AN E-TRAVEL PROFILE? IF NO, PLEASE PROVIDE GENERIC TRAVEL PROFILE TO BE USED FOR BOOKING.									
PERSONAL PHYSICAL ADDRESS (Street No., City, State Zip)						BARGAINING UNIT			
ITINERARY									
FROM				DEPARTURE DATE		TO (DESTINATION)			RETURN DATE
PURPOSE OF TRIP									
ESTIMATED COST			CTS ACCOUNT		LAST FOUR DIGITS		EXECUTIVE TRAVEL?		
							No If [YES] select TYPE(s) OF TRAVEL below.		
SHOULD ITINERARY MATCH OTHER TRAVELERS? (include additional information for coordinating with other traveler(s) if applicable)									
No									
ACTUALS REQUESTED		No		MEALS PROVIDED					
THIRD PARTY PAYER		No		NAME/COMMENTS					
FINANCIAL CODING									
CODING SPLIT 1		Required - Accounting Template OR Fund-Unit-Appr Unit-%						# of Coding Splits: 1	
		Template		Fund		Unit		Appr	
\$ -		Location		Program		Phase		P Period	
100%		(choose)		(choose)		(choose)		(choose)	
PERSONAL TRAVEL									
REQUEST INCLUDES PERSONAL TRAVEL		No		Does this request include any itinerary changes to include personal travel? This includes changes to the return or departure date with no other routing changes, e.g. extending your stay through the weekend. If there are any routing changes, or if the traveler wishes to use a companion certificate for a non-state traveler to accompany them, then the traveler is responsible for purchasing the airfare. The state will cover airfare costs up to the estimated amount of the state authorized travel. The state is not responsible for the cost of any travel purchased by the employee prior to receiving formal authorization for state travel.					
REQUESTED ARRANGEMENTS / ITINERARY									
Yes		Will the traveler be attending a conference or training?							
CONFERENCE NAME/CLASS TITLE					HOTEL CONFERENCE # or NIGHTLY RATE			SHUTTLE PROVIDED?	
PRESENTER?		COMMENTS							
No									
No		Will the traveler be requesting a travel advance? (Please do not answer Yes for ATM withdrawals).							
No		Does itinerary include Air Travel?		No		Is a refundable ticket required?			
No		Does itinerary include a Hotel Booking? (If Yes, please provide multiple hotel choices.)							
No		Does itinerary include a Rental Car Reservation?							
No		Does Itinerary include any Rural or Non-Standard Travel?							
No		Does Itinerary include Alaska Marine Highway System (AMHS) Travel?							
OTHER SPECIAL INSTRUCTIONS									

FIRE TRIP-DETAILS W/CLOSURE FORM

REASON FOR TRAVEL (Ex: Fire Preposition, Fire Assignment, Aircraft Support, etc.- *please note resource order numbers)

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TRAVELER NAME	TRAVELER'S DUTY STATION	TA #	TAPO #
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TRAVEL TIMELINE	PER DIEM	FIRE INFORMATION	ADDITIONAL TRIP INFORMATION
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May include date range (ex. 1/1 -1/14/2099)	DO NOT USE AIRPORT DESIGNATORS (when not actively traveling, simply note "On Assignment", "On Duty" or "MDO")	Ex: POV, SOV, Other Employee POV, Rental, CAB, BUS, UBER, SOA Aircraft N#, Comm. Airline Name, etc.	Refer to CONUS rate when out of state	Ex: Non Commercial or any other <u>reimbursable</u> lodging	Include template NTF### (prepo) OR NTF001/NTFL48 and function Ex: NTF##**/73xxxx00	Ex: Deviation notes; "Lost Receipt memo attached"; "Claim mileage" (include # of miles claiming & documentation); "lodging provided by incident"; "NERV Rental Vehicle", and ALL other relevant notes.
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DATES OF TRAVEL	DEPARTURE TIME/LOCATION	ARRIVAL TIME/LOCATION	MODE(S) OF TRANSPORTATION	MEALS PROVIDED B/L/D	M&IE	LODGING	CODING	OTHER IMPORTANT NOTES
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[illegible]

Total Per Diem Due To Traveler:	\$0.00	
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TRIP CLOSURE CHECKLIST

Did you execute your travel as booked? If no, please explain below.	Personal deviation? If yes, please explain below.	Out of pocket cash & personal credit card reimbursement request(s). Receipts listed below	Was travel booked by SSoA or by Home Unit? Please specify below.	Who paid for your return travel home?	Please list below ONE CARD receipts provided (Simply specify: car rental, hotel/lodging, fuel, parking, conference receipt, taxi, shuttle, ferry, etc.).
			All travel booked by home unit; Itinerary and approvals are attached.		

Signature of traveler _____ Date _____

Date _____

TRIP-DETAILS/CLOSURE FORM (NON FIRE)

REASON FOR TRAVEL (TRAINING, MEETINGS, ETC)

TRAVELER NAME			TRAVELER'S DUTY STATION		TA #		TAPO #	
TRAVEL TIMELINE				PER DIEM		CODING AND ADDITIONAL TRIP INFORMATION		
May include date range (ex. 1/1 - 15/19)	DO NOT USE AIRPORT DESIGNATORS (when not actively traveling, simply note "On Assignment", "On Duty" or "MDO")		Ex: POV, CAB, SOA Aircraft N#, Comm. Airline Name, etc.	Refer to CONUS rate when out of state	Ex: Non Commercial or any other <u>reimbursable</u> lodging	CODING DETAILS	Ex: "Lost Receipt memo attached"; "Claim mileage" (include # of miles claiming & documentation)	
DATES OF TRAVEL	DEPARTURE TIME/LOCATION	ARRIVAL TIME/LOCATION	MODE(S) OF TRANSPORTATION	M&IE	LODGING	CODING	OTHER IMPORTANT NOTES	
Total Per Diem Due To Traveler:					\$0.00			

TRIP CLOSURE CHECKLIST

Did you execute your travel as booked? If no, please explain below.	Personal deviation? If yes, please explain below.	Out of pocket cash & personal credit card reimbursement request(s). Receipts listed below	Was travel booked by SSoA or by Home Unit? Please specify below.	Please list below ONE CARD receipts provided (Simply specify: car rental, hotel/lodging, fuel, parking, conference receipt, taxi, shuttle, ferry, etc.).
			All travel booked by home unit; Itinerary and approvals are attached.	

Signature of traveler _____

Date _____

