## Division of Forestry Meal Coupon Log

<table>
<thead>
<tr>
<th>Coupon Number</th>
<th>Issued by</th>
<th>Date Issued</th>
<th>Date to be used</th>
<th>Employee (Last, First)</th>
<th>B @ $12</th>
<th>L @ $16</th>
<th>D @ $22</th>
<th>Charge Code</th>
<th>Of</th>
<th>Date Invoiced</th>
<th>Date to Fiscal</th>
<th>Voided</th>
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<tr>
<td>Date Reserved</td>
<td>Employee's Name (Last, First)</td>
<td>Vendor Name</td>
<td>Charge per Night</td>
<td>Number of Nights</td>
<td>Charge Code (CC or 8 digit Fire Number)</td>
<td>Date(s) of Service</td>
<td>Auth. Initials</td>
<td>Date Invoiced</td>
<td>Date Invoice Sent to Anch. Fiscal</td>
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</table>
# Request for Travel Authorization and Booking

**State of Alaska**

**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

<table>
<thead>
<tr>
<th>TRAVELER'S LEGAL NAME (AS SHOWN ON GOV'T ID)</th>
<th>EMPL NUM</th>
<th>PHONE NO.</th>
<th>JOB TITLE</th>
</tr>
</thead>
</table>

**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

<table>
<thead>
<tr>
<th>FROM</th>
<th>DEPARTURE DATE</th>
<th>TO (DESTINATION)</th>
<th>RETURN DATE</th>
</tr>
</thead>
</table>

**PURPOSE OF TRIP**

**ESTIMATED COST**

<table>
<thead>
<tr>
<th>CTS ACCOUNT</th>
<th>LAST FOUR DIGITS</th>
<th>EXECUTIVE TRAVEL?</th>
</tr>
</thead>
</table>

- 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**

- No

**THIRD PARTY PAYER**

- No

### FINANCIAL CODING

<table>
<thead>
<tr>
<th>CODING SPLIT</th>
</tr>
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</table>

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<tr>
<th>Required - Accounting Template OR Fund-Unit-Appr Unit-%</th>
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<table>
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<tr>
<th>Template</th>
<th>Fund</th>
<th>Unit</th>
<th>Appr</th>
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<thead>
<tr>
<th>Location</th>
<th>Program</th>
<th>Phase</th>
<th>P Period</th>
</tr>
</thead>
</table>

- **SPLIT 1**

<table>
<thead>
<tr>
<th>Location</th>
<th>Program</th>
<th>Phase</th>
<th>P Period</th>
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- **%**

<table>
<thead>
<tr>
<th>Location</th>
<th>Program</th>
<th>Phase</th>
<th>P Period</th>
</tr>
</thead>
</table>

- **100%**

### 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.

- Yes

### REQUESTED ARRANGEMENTS / ITINERARY

**WILL THE TRAVELER BE ATTENDING A CONFERENCE OR TRAINING?**

- Yes

<table>
<thead>
<tr>
<th>CONFERENCE NAME/CLASS TITLE</th>
<th>HOTEL CONFERENCE # OR NIGHTLY RATE</th>
<th>SHUTTLE PROVIDED?</th>
</tr>
</thead>
</table>

**PRESENTER? COMMENTS**

- 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?**

- No

### OTHER SPECIAL INSTRUCTIONS

**AIBMH Chapter 9**

Travel Request

Form 3

Printed: 4/17/2019 | Form Revised: 03/19/2019
# Fire Trip Details W/Closure Form

## Reason for Travel
- Fire Preposition, Fire Assignment, Aircraft Support, etc.
- "please note resource order numbers"

## Traveler Details
<table>
<thead>
<tr>
<th>Traveler Name</th>
<th>Traveler's Duty Station</th>
<th>TA #</th>
<th>TAPO #</th>
</tr>
</thead>
</table>

## Travel Timeline
- May include date range (ex. 1/1-1/14/2099)

<table>
<thead>
<tr>
<th>Dates of Travel</th>
<th>Departure Time/Location</th>
<th>Arrival Time/Location</th>
<th>Mode(s) of Transportation</th>
<th>Meals Provided B/L/D</th>
<th>M&amp;IE</th>
<th>Lodging</th>
<th>Coding</th>
<th>Other Important Notes</th>
</tr>
</thead>
</table>

## Per Diem
- Ex: Non Commercial or any other reimbursable lodging
- Refer to CONUS rate when out of state

## Fire Information
- Include template NTF### (prepo) OR NTF001/NTFL48 and function
- Ex: NTF##**/73xxxx00

## Additional Trip Information
- 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.

## Trip Closure Checklist

- **Total Per Diem Due To Traveler:** $0.00

### Did you execute your travel as booked? If no, please explain below.
- Personal deviation?

### Out of pocket cash & personal credit card reimbursement request(s).
- Receipts listed below

### Was travel booked by SSaA 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.).

### Signature of traveler ___________________________ Date ____________

---

AIBMH Chapter 9

Fire Trip Details Closure

Form 4
## TRIP-DETAILS/CLOSURE FORM (NON FIRE)

### REASON FOR TRAVEL (TRAINING, MEETINGS, ETC)

### TRAVELER NAME

### TRAVELER'S DUTY STATION

### TA #

### TAPO #

### TRAVEL TIMELINE

- **DATES OF TRAVEL**
  - **DEPARTURE TIME/LOCATION**
  - **ARRIVAL TIME/LOCATION**
  - **MODE(S) OF TRANSPORTATION**
  - **M&E**
  - **LODGING**
  - **CODING**
  - **OTHER IMPORTANT NOTES**

- **DO NOT USE AIRPORT DESIGNATORS** (when not actively traveling, simply note "On Assignment", "On Duty" or "MDO")

- **Ex:** POV, CAB, SOA, Aircraft #, Comm. Airline Name, etc.

- **Ex:** Non Commercial or any other reimbursable lodging

- **Ex:** "Lost Receipt memo attached"; "Claim mileage" (include # of miles claiming & documentation)

### PER DIEM

- **Total Per Diem Due To Traveler:** $0.00

### CODING AND ADDITIONAL TRIP INFORMATION

### CODING DETAILS

### 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 SSaA 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

---

AIBMH Chapter 9

Non Fire Trip Details Closure

Form 6