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56250

Forestry Meal Coupon

\$12 \$16 \$22

NORTHERN REGION

NON-TRANSFERABLE

Valid Only on Date: _____



Division of Forestry

(print)

User's Name: _____

Authorized Signature: _____ Fire #: _____

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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 (\$8, \$9, or \$19);
- 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 *Vendor Information & Offer Form*.

STATE OF ALASKA
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY

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2022 SLC/NRO **MEAL** Coupon Log

Meal Coupon #	Authorized By: NAME	First Name	Last Name	Coupon Date	B	L	D	TEMPLATE	Fire # (Function)	RO Number	Redeemed

2022 SLC/NRO **MEAL** Coupon Log

DNR FORESTRY-FIRE TRIP-DETAILS CLOSURE FORM

REASON FOR TRAVEL (Ex: Fire Preposition, Fire Assignment, Aircraft Support, etc.- *Note ALL resource order number(s), Fire Name(s), Incident Number(s), and Location(s))

TRAVELER NAME	TRAVELER'S DUTY STATION	EMP ID / VCN	TA#	TAPO #
Employee Work Status		Traveler Address (Only required when using VCN: 10DNRMCS)		

TRAVEL TIMELINE			PER DIEM / REIMBURSEMENT				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, notate "On Assignment", "On Duty" or "MDO")	POV, SOV, Rental, CAB, BUS, UBER, SOA Aircraft #, Airline Name	Refer to CONUS rate when out of state https://www.gsa.gov/travel/plan-book/per-diem-rates	Rental Vehicle, Fuel, or any other OUT-OF-POCKET <u>reimbursable</u> transportation	Non Commercial or OUT-OF-POCKET <u>reimbursable</u> lodging	Include template NTF### (prepo) OR NTF001/NTFL48 & FUNCTION # (Ex. NTF###**73xxxx00)	Deviation notes; "Lost Receipt memo attached"; "Claim mileage" (include # of miles & documentation); "lodging provided by incident"; "NERV Rental Vehicle"
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DATES OF TRAVEL	DEPARTURE TIME/LOCATION	ARRIVAL TIME/LOCATION	MODE OF TRANSPORTATION	MEALS PROVIDED B/L/D	M&IE DAILY RATE	M&IE TOTAL	SURFACE TRANSPORTATION	LODGING	CODING	OTHER IMPORTANT NOTES

Subtotals \$ - \$ - \$ -

Total Per Diem/Reimbursement Due To Traveler: \$0.00

TRIP CLOSURE CHECKLIST

Did you execute your travel as booked? If no, 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.		

Traveler Signature _____ Date _____
Supervisor Signature _____ Supervisor EID _____

V3 Last Updated: 2/4/2021 SMB



Please complete and submit this document with or in place of your regular invoice to:

State of Alaska
Division of Forestry
3700 Airport Way
Fairbanks, AK 99709
ATTN: Accounts Payable

Invoice # _____	Invoice Date _____ 2022
Vendor _____	
Address _____	
City _____	Zip _____
Phone _____	Fax _____

MEALS

Type	Quantity	Price	Total
Breakfast		X \$12.00	
Lunch		X \$16.00	
Dinner		X \$32.00	
Total Amount Due			

CONTRACT MEAL PROGRAM – Diner Sign in Sheet Must be Attached

Date	Meal Provided	Quantity	Cost	Total	FOR AGENCY USE ONLY	
					Fire Name	Charge Code
	Breakfast		X \$12.00			
	Lunch		X \$16.00			
	Dinner		X \$32.00			
Total Amount Due						

SACK LUNCH PROGRAM

Date of Service	Quantity Provided	Price	Total	FOR AGENCY USE ONLY	
				Resource Order S Number	Attach manifest
		X \$16.00			
Total Amount Due					

VENDOR SIGNATURE: _____ **DATE:** _____



Department of Natural Resources

DIVISION OF FORESTRY/NORTHERN REGION OFFICE

3700 Airport Way
Fairbanks, AK 99709-4699
Main: 907.451.2662
Fax: 907.451.2690

Vendor: _____

Vendor Reference Number: _____

Date of Service: _____

Meal Type Served **B** **L** **D**

Printed Name	Signature	R O or Tail Number	Fire Name or Number
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			

Submitted by: _____

Print Name

Signature: _____

Invoice Date: _____

Page _____ **of** _____

2022 SLC/NRO **LODGING** LOG

<u>Full Name</u>	<u>Crew Name</u>	<u>Authorized By:NAME</u>	<u>Conf #</u>	<u>Property (Hotel Name)</u>	<u>In Date</u>	<u>Out Date</u>	<u>Rate</u>	<u># of Nights</u>	<u>Template</u>	<u>Fire # (Function)</u>	<u>RO Number</u>

SINGLE RESOURCE EFF HIRING INFORMATION

EFF's Name (print) _____ Phone # _____ - _____ - _____ Start Date ____/____/____
Point of Hire: City _____ State _____ Employee # _____

HIRING UNIT INFORMATION

Office Name: _____ Hiring Location (AK-xxx) AK- _____ Date ____/____/____
Address: _____ City: _____ State AK Zip _____
Hiring official's name (print) _____ Phone # 907 - _____ - _____

POSITION INFORMATION

Incident Name _____ Incident Order # (AK-FAS-xxxxx) AK- _____
Fire Code # _____ Resource Order # _____ Position Code _____
EFF Class _____ EFF Rate _____ Incident Location _____

TRAVEL/TRANSPORTATION/SUBSISTENCE

Travel for EFF hires will be processed in accordance with current year AIBMH

Transportation method: (check one)

Airline
 POV (mileage reimbursement pre-authorized)
 Rental vehicle (must be on resource order). Rental provided by _____ EFF or by _____ Incident
 Other (such as bus, gov't vehicle, EERA): _____

Subsistence (meals, lodging and rental vehicle)

EFF will be subsisted by incident EFF will be self-subsisted (must have personal credit card)

EMPLOYEE VERIFY

I have completed this year's EFF hiring paperwork
 I have with me my **valid photo ID**, **current Red Card** and **Resource Order** (for this assignment)
 I will adhere to the State of Alaska's Fatigue Management Policy
 2 to 1 work-rest ratio 2 days off in 21 days
 I will adhere to the State of Alaska's travel policy (AAM 60.TRAVEL) and submit a completed
TA (travel authorization) within **5** business days after travel is complete. (If applicable)

I understand that I am being hired under the "Conditions of Hire for Emergency Firefighters" and the current year EFF pay plan.

EFF signature (required) _____ **Date** ____/____/____

Hiring official signature (required) _____ **Date** ____/____/____

THE U.S. GOVERNMENT AND THE STATE OF ALASKA ARE EQUAL EMPLOYMENT OPPORTUNITY EMPLOYERS. Unlawful discrimination or any kind of harassment will not be tolerated. (This includes behavior such as making threats, abusive language, slurs, unwelcome jokes, teasing and other such verbal or physical conduct.) Creating a hostile work environment will not be condoned. (This includes verbal or physical conduct of a sexual nature, making unwelcome sexual advances or requests for sexual favors, and unreasonably interfering with the work of others.)