

House Operating Travel Authorization

L25-10459 NCSL CONF 8/3-9/25 JNU/ANC/BOS/ANC

TRAVELER NAME: Carolyn Hall

OFFICE OF: Carolyn Hall

PURPOSE OF TRAVEL: NCSL Conference, Boston

(explain full itinerary if international travel)

BUSINESS DATES OF TRAVEL: Aug. 3 - 9, 2025

Juneau (location)	ON 8/3/25 (date)	TO Anchorage (location)
Anchorage (location)	ON 8/3/25 (date)	TO Boston (location)
Boston (location)	ON 8/9/25 (date)	TO Anchorage (location)

PERSONAL TRAVEL:

If you choose to extend or modify your trip for personal reasons, a mock itinerary for the business travel dates is required to be submitted with your Travel Authorization(TA). Note that any personal travel deviations made in connection with a business trip are not covered by Risk Management.

SELECT AUTHORIZED EXPENDITURES:

☒ AIRFARE	☒ LODGING
☒ SURFACE TRANSPORTATION	☐ CAR RENTAL
☒ MEAL PER DIEM	☒ CONFERENCE FEE

By signing this form, I approve the listed expenditures and travel details.



Speaker of the House Signature

10/14/25
Date

INTERNATIONAL TRAVEL APPROVAL:

LAA Executive Director Signature *(International Travel Only)*

Date

SUBMIT TO SPEAKER OF THE HOUSE FOR APPROVAL
EMAIL COMPLETED FORM TO: Accounting.Group@akleg.gov

Accounting Only:

TA #: _____

Account Coding: _____

Travel Reimbursement Claim Form

NAME OF TRAVELER: _____ OFFICE OF: _____

PURPOSE OF TRAVEL: _____

I do not wish to claim meal per diem

If a portion of this trip includes personal business, please list dates _____

List each date in travel status and indicate where overnights. Indicate which meals were included with your registration or conference fee. Meal allowances should not be claimed if you consumed a meal included in the fee. Meals are prorated daily and are determined by the time of day business travel begins and ends.

TRAVEL BEGAN _____ AT _____ I TRAVELED TO _____
DATE TIME am pm CITY

(Check box if meal was provided)

DATE	CITY I OVERNIGHTED	B	L	D
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			

TRAVEL WAS COMPLETED ON _____ AT _____
DATE TIME am pm

Approved expenses for reimbursement:

AIRFARE: _____ TAXI: _____

LODGING: _____ PARKING: _____

RENTAL CAR: _____ FUEL: _____

CONF. FEE: PD with POET account MISC: _____

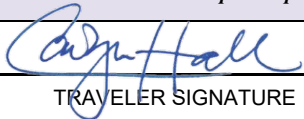
I used my personal vehicle and would like to claim _____ miles.

I traveled from _____ to _____

List any changes or additional information that was not noted above.

IMPORTANT: Claimant certifies by signing this claim that the facts contained on this form and supporting documents are correct and constitute a valid claim against the State of Alaska.

NOTE: Forms and receipts are public information.


 TRAVELER SIGNATURE

Date

ADDRESS

Accounting Only

Lodging	M&IE
\$ _____	\$ 92.00
\$ _____	\$ 92.00
\$ _____	\$ 92.00
\$ _____	\$ 92.00
\$ _____	\$ 92.00
\$ _____	\$ 92.00
\$ _____	\$ 92.00
Total \$ _____	644.00

2027 Total \$ _____

Airfare \$ 1787.55

Transportation \$ _____

Miles X Rate = \$ _____

2023 Total \$ _____

Conference \$ _____

Total \$ _____

Less Advance \$ _____

Final Pmt \$ 2431.55

*If part of this payment is to be issued to someone other than the traveler, then indicate name and details below.

Return check to legislator's office

All payments are distributed based on State of Alaska vendor profile unless the box is selected.

Email completed form to : Accounting.Group@akleg.gov