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:
(explain full itinerary if international travel)

NCSL Conference, Boston

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
- ☑ SURFACE TRANSPORTATION
- ☑ MEAL PER DIEM
- ☑ LODGING
- ☐ CAR RENTAL
- ☑ 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: Carolyn Hall OFFICE OF: Representative Hall

PURPOSE OF TRAVEL: NCSL

I do not wish to claim meal per diem ☐

If a portion of this trip includes personal business, please list dates 8/7-8/9

List each date in travel status and indicate where overnighted. 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 8/3/25 (DATE) AT 9:24 (TIME) ☑ am ☐ pm I TRAVELED TO Boston (CITY)

(Check box if meal was provided)

DATE	CITY I OVERNIGHTED	B	L	D
8/4/25	Boston	☐	☐	☐
8/5/25	Boston	☐	☐	☐
8/6/25	Boston	☐	☐	☐
8/7/25	Boston	☐	☐	☐
8/8/25	Boston	☐	☐	☐
8/9/25	Boston	☐	☐	☐
		☐	☐	☐

TRAVEL WAS COMPLETED ON 8/10/25 (DATE) AT 10:02 (TIME) ☐ am ☑ pm

Approved expenses for reimbursement:

AIRFARE: 1,787.55 TAXI: _____

LODGING: _____ PARKING: _____

RENTAL CAR: _____ FUEL: _____

CONF. FEE: PD with POET account 755.00 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.
Airfare to NCSL originated in Juneau due to previously purchased ticket before Gov called special session; it was routed back to Anchorage bc of a flight cancellation in Juneau departing the special session.

***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.*

Carolyn Hall
TRAVELER SIGNATURE

10/16/25
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