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)	το Anchora	age (location)		
	Anchorage (location)	ON 8/3/25 (date)	_{το} Boston	(location)		
	Boston (location)	ON 8/9/25 (date)	το Anchora	age (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 RENT ☑ CONFERE	ΓAL		
	By signing this form, I approve the listed expenditures and travel details. Page					
	INTERNATIONAL TRAVEL APPROVAL:					
	LAA Executive Director Signature (International Travel Only) Date					

Accounting Only:					
TA #: Account Coding:					

Travel Reimbursement Claim Form

NAME OF TRAVELE	R:	OFFICE OF	: :	
PURPOSE OF TRAV	/EL:			
do not wish to clai				
f a portion of this tr	ip includes personal business	s, please list dates		
or conference fee. Me		med if you consumed a meal inclu	eals were <u>included</u> with your registration ded in the fee. Meals are prorated daily and	
TRAVEL BEGAN	AT	I TRAVELED TO		
	DATE TIME am pm	I TRAVELED TOCIT	Accounting Only	
		(Check box if meal was provided)	74.00	
DATE	CITY I OVERNIGHTED	B L D	Lodging M&IE	
		-	\$ <u>92.00</u> \$ 92.00	
		<u>-</u>	\$ <u>\$ 92.00</u> \$ 92.00	
		<u>.</u>	\$ 92.00	
		-	\$\$ \$ 92.00 \$ 92.00	
		.	\$ \$ 92.00	
TRAVEL WAS CO	OMPLETED ON	AT	Total \$ 736.00	
	DATE	TIME am pm	2027 Total \$	
Approved expenses	for reimbursement:		Atriana (h. 1707)	
AIRFARE:	TAXI:		Airfare \$ <u>1787.55</u>	
LODGING:	PARKII	NG:	Transportation \$	
RENTAL CAR:	FUEL:		Miles X Rate = \$	
CONF. FEE:	with POET account MISC:		2023 Total \$	
used my personal	vehicle and would like to clair	m miles.	Conference \$	
	to		Total \$	
∟ist any changes or a	additional information that was n	ot noted above.	Less Advance \$	
			Final Pmt \$2505.55	
and supporting documen	nt certifies by signing this claim that the fa ts are correct and constitute a valid claim of OTE: Forms and receipts are public inform	against the State of Alaska.	*If part of this payment is to be issued to someone other than the traveler, then indicate name and details below.	
	augustall		Return check to legislator's office	
	TRAVELER SIGNATURE	All payments are distributed		

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