House Operating Travel Authorization

L25-10331 LEG MTGS & MINE TOUR 8/11-13/25 ANC/FAI/ANC

TRAVELER NAME: Carolyn Hall

OFFICE OF: Representative Hall

PURPOSE OF TRAVEL:
(explain full itinerary if international travel)

Legislative meetings, interior mine tour

BUSINESS DATES OF TRAVEL: 8/11/2025-8/13/2025

Anchorage	(location)	ON	8/11/25 (date)	TO	Fairbanks (location)
Fairbanks	(location)	ON	8/13/25 (date)	TO	Anchorage (location)
	(location)	ON	(date)	TO	(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 — 8/8/25 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 #: L25-10331
Account Coding: L36501004 HOUSETRAVE
HSEU 4980

Travel Reimbursement Claim Form

JC

NAME OF TRAVELER: Carolyn Hall OFFICE OF: Rep. Carolyn Hall

PURPOSE OF TRAVEL: Continued work re: interim project Speaker Edgmon approved + Interior mine tours

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 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 8/11/25 (DATE) AT 12:00 (TIME) ☐ am ☑ pm I TRAVELED TO Fairbanks (CITY)

(Check box if meal was provided)

DATE	CITY I OVERNIGHTED	B	L	D
8/11/25	Fairbanks	☐	☐	☐
8/12/25	Fairbanks	☐	☐	☐
8/13/25	Fairbanks	☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐

TRAVEL WAS COMPLETED ON 8/13/25 (DATE) AT 12:00 (TIME) ☐ am ☑ pm

Approved expenses for reimbursement:

AIRFARE: _____ TAXI: _____

LODGING: 272.13 PARKING: _____

RENTAL CAR: _____ FUEL: _____

CONF. FEE: _____ 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.
The arrival and departure times are approximate. Duration of hotel stay was two evenings.
Speaker Edgmon approved the hotel reimbursement due to the reason for travel.

Accounting Only

	Lodging	M&IE
	$ 136.06	$
	$ 136.07	$
	$	$
	$	$
	$	$
	$	$
	$	$
Total	$ 272.13	
2027 Total	$	

Airfare $ _____
Transportation $ _____
_____ Miles X _____ Rate = $ _____
2023 Total $ _____
Conference $ _____
Total $ _____
Less Advance $ _____
Final Pmt $ 272.13

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

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

11/3/25
Date

3007 West 32nd Ave Anchorage, AK 99517
ADDRESS

☐ **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