

# Task Force on Education Funding

L25-10364 EDUCATION TASK FORCE MTG TOK/ANC/TOK

TRAVELER NAME: Senator Mike Cronk

OFFICE OF: Senate

PURPOSE OF TRAVEL: Attend Education Task Force meeting in Anchorage

*(explain full itinerary if international travel)*

BUSINESS DATES OF TRAVEL: 08/24/25 - 08/25/25 - 08/26/25

Tok ON 08/24/25 TO Anchorage  
(location) (date) (location)

Anchorage ON 08/26/25 TO Tok  
(location) (date) (location)

ON TO  
(location) (date) (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 OR MEAL  
RECEIPTS *(Same day travel only)*

☐ LODGING  
☐ CAR RENTAL  
☐ CONFERENCE FEE

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

  
\_\_\_\_\_  
Co-Chair Senator Tobin

8/25/25  
Date

  
\_\_\_\_\_  
Co-Chair Representative Himschoot

8/25/25  
Date

SUBMIT TO CO-CHAIRS FOR APPROVAL  
EMAIL COMPLETED FORM TO: [Accounting.Group@akleg.gov](mailto:Accounting.Group@akleg.gov)

Accounting Only:  
TA #: L25-10364  
Account Coding: L33501004 5650  
HOUSETRAVE 4570

Travel Reimbursement Claim Form

NAME OF TRAVELER: Senator Mike Cronk OFFICE OF: Senate

PURPOSE OF TRAVEL: Education Task Force Meeting in Anchorage

I wish to claim meal per diem ☒ yes ☐ no → If yes, do you wish to claim meal per diem in advance? ☐ yes ☒ no  
(not available for Allowance Account travel)

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

List each date in travel status and indicate where overnigheted. 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.

*Please Return  
\* Copy for our records*

Accounting Only	
Lodging	M&IE
\$ _____	\$ <u>121.00</u>
\$ _____	\$ <u>145.00</u>
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ <u>145.00</u>
Total \$ _____	\$ <u>411.00</u>

2027 Total \$ \_\_\_\_\_

ON 8/24/25 AT 12:00 ☐ ☒ I TRAVELED TO Anchorage  
DATE TIME am pm CITY

(Check box if meal was provided)

DATE	CITY I OVERNIGHTED	B	L	D
<u>8/24/25</u>	<u>Anchorage</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>8/25/25</u>	<u>Anchorage</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRAVEL WAS COMPLETED ON 8/26/25 AT 7:00 ☐ ☒  
DATE TIME am pm

Approved expenses for reimbursement:

Airfare \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_

650 Miles X .70 Rate = \$ 455.00

2023 Total \$ \_\_\_\_\_

Conference \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Less Advance \$ \_\_\_\_\_

Final Pmt \$ 866.00

AIRFARE: \_\_\_\_\_ TAXI: \_\_\_\_\_

LODGING: \_\_\_\_\_ PARKING: \_\_\_\_\_

RENTAL CAR: \_\_\_\_\_ FUEL: \_\_\_\_\_

CONF. FEE: \_\_\_\_\_ MISC: \_\_\_\_\_

I used my personal vehicle and would like to claim 650 R/T miles.  
I traveled from Tok to Anchorage

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

*Please mail check to:*

*PO Box 365  
TOK, AK 99780*

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.

*Mike Cronk*  
CLAIMANT SIGNATURE Date 11-16-25

\*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](mailto:Accounting.Group@akleg.gov)