

Joint Armed Services Travel Authorization

L25-10356 JASC MTG 8/28/25 ANC/FAI/ANC

TRAVELER NAME: Ky Holland

OFFICE OF: Rep. Ky Holland

PURPOSE OF TRAVEL: Attend the 8/28/2025 JASC Meeting in Fairbanks. See Agenda for details.
(explain full itinerary if international travel)

BUSINESS DATES OF TRAVEL: August 28, 2025

Anchorage (location)	ON 8/28/25 (date)	TO Fairbanks (location)
Fairbanks (location)	ON 8/28/25 (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:

<input checked="" type="checkbox"/> AIRFARE	<input type="checkbox"/> LODGING
<input type="checkbox"/> SURFACE TRANSPORTATION	<input checked="" type="checkbox"/> CAR RENTAL
<input type="checkbox"/> MEAL PER DIEM	<input type="checkbox"/> CONFERENCE FEE

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



Joint Armed Services Co-Chair Signature

8/21/25

Date

INTERNATIONAL TRAVEL APPROVAL:

LAA Executive Director Signature (International Travel Only)

Date

SUBMIT TO JOINT ARMED SERVICES CO-CHAIR FOR APPROVAL
EMAIL COMPLETED FORM TO: Accounting.Group@akleg.gov

Accounting Only:

TA #: L25-10356
 Account Coding: L33501004 5620 4990
HOUSETRAVE

Travel Reimbursement Claim Form

NAME OF TRAVELER: _____ OFFICE OF: _____

PURPOSE OF TRAVEL: _____

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 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.

ON _____ 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: _____	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.



CLAIMANT SIGNATURE

Date

Accounting Only

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

2027 Total \$ _____

Airfare \$ 409.50Transportation \$ 117.77

Miles X Rate = \$ _____

2023 Total \$ _____

Conference \$ _____

Total \$ _____

Less Advance \$ _____

Final Pmt \$ 527.27

*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