

# House Operating Travel Authorization

L25-10513 CSG WEST 9/14-19/25 ANC/JAC/ANC

**TRAVELER NAME:** Ky Holland

**OFFICE OF:** Rep. Ky Holland

**PURPOSE OF TRAVEL:** Attending CSG West Annual Meeting in Jackson, WY. (Prior to the CSG, I' ll be stopping in Denver for the Hydrogen Alliance meeting of legislators and industry, not covered by this TA.)  
*(explain full itinerary if international travel)*

**BUSINESS DATES OF TRAVEL:**

ANC (location)	ON 9/14/25 (date)	TO Jackson, WY (location)
Jackson, WY (location)	ON 9/19/25 (date)	TO ANC (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 checked="" type="checkbox"/> LODGING
<input type="checkbox"/> SURFACE TRANSPORTATION	<input checked="" type="checkbox"/> CAR RENTAL
<input type="checkbox"/> MEAL PER DIEM	<input checked="" type="checkbox"/> CONFERENCE FEE

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



Speaker of the House Signature

12/9/25

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

## Accounting Only:

TA #: L25-10513  
 Account Coding: L33501004 5601  
4990 HOUSETRAVE

## Travel Reimbursement Claim Form

NAME OF TRAVELER: \_\_\_\_\_ OFFICE OF: \_\_\_\_\_

PURPOSE OF TRAVEL: \_\_\_\_\_

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 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.

TRAVEL BEGAN \_\_\_\_\_ 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.

TRAVELER SIGNATURE

Date

ADDRESS

## Accounting Only

Lodging	M&IE
\$ _____	\$ _____
\$ _____	\$ _____
\$ <u>431.72</u>	\$ _____
\$ <u>431.72</u>	\$ _____
\$ <u>431.72</u>	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
Total \$ <u>1295.16</u>	_____
2027 Total \$ _____	_____
Airfare \$ <u>945.02</u>	_____
Transportation \$ _____	_____
Miles X Rate = \$ _____	_____
2023 Total \$ _____	_____
Conference \$ <u>525.00</u>	_____
Total \$ _____	_____
Less Advance \$ _____	_____
Final Pmt \$ <u>2765.18</u>	_____

\*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)