

Alaska House of Representatives

Rep. Neal Foster, Co-Chair
P.O. Box 1630
Nome, Alaska 99762

Phone: (907) 443-5036
Fax: (907) 443-2162



During the Legislative Session
Alaska State Capitol, Room 434
Juneau, Alaska 99801

Phone: (907) 465-3789
Fax: (907) 465-3242

House Special Committee Military and Veterans Affairs

MEMORANDUM

Date: 11/21/12

To: Rep. Mike Hawker
Legislative Council Chair

From: Rep. Neal Foster

RE: Travel Reimbursement

Chairman Hawker,

I ask legislative council to approve my travel reimbursement for the Council of State Government – West conference that occurred between 7-29-13 and 8-3-13. My staff thought he had faxed in the requisite forms on time but those forms were not received by Accounting. All of the necessary forms and receipts are now in possession of Accounting.

Thank you

Purpose of Travel: Attend CSG West ConferenceTravel Advance Requested: YES ☐ NO ☒

TR#: _____

Attach all used or unused tickets, Yellow TR copy & return to LAA Accounting. TR's are controlled forms. If a TR or Ticket isn't used for original purpose, it must be returned to Accounting. Accounting must be informed if a TR is lost or voided.

Return Form to: Brandi Billings, LAA, State Capitol, Rm 3, Juneau, Alaska 99801-1182 (907) 465-6625 or Fax (907) 465-1772**ITINERARY**

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.

1. On	<u>7/29/2013</u>	I traveled from:	<u>Nome, AK</u>	to:	<u>Las Vegas, NV</u>
	<small>Date</small>		<small>City</small>		<small>City</small>
	at: <u>9:40 AM</u>	(indicate time on official business)			
		<small>(Check if meal was provided)</small>			
	<u>DATE</u>	<u>CITY/STATE</u>	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>
I overnights on	<u>7/29/2013</u>	in <u>Las Vegas, NV</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I overnights on	<u>7/30/2013</u>	in <u>Las Vegas, NV</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I overnights on	<u>7/31/2013</u>	in <u>Las Vegas, NV</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I overnights on	<u>8/1/2013</u>	in <u>Las Vegas, NV</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I overnights on	<u>8/2/2013</u>	in <u>Anchorage, AK</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I overnights on	_____	in _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I overnights on	_____	in _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I overnights on	_____	in _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I returned to	<u>Nome, AK</u>	on <u>8/3/2013</u>	at <u>8:55PM</u>		
	<small>Home Station</small>	<small>Date</small>	<small>Time</small>		

ACCOUNTING

Lodge \$ Meals \$

136.64 56136.64 71136.64 71136.64 718 _____

107516.56 356922.56**TOTAL**

(Meals are prorated daily, and are determined by the time of day business travel begins and ends.)

1. If a portion of this trip includes personal business, list dates of personal business: _____

(or complete form showing shortest time trip could have taken)

2. If requesting reimbursement for lodging costs, attach copy of hotel letterhead single occupancy room receipts.

3. Check box if you do not wish to claim reimbursement for actual lodging expenses and meal allowances ☐4. Check box if you do not have actual receipts and wish to claim travel per diem instead. ☒**FINAL TRAVEL COSTS****ACCOUNTING**1. Was this trip completed as stated above? YES ☒ NO ☒ If NO, note changes below. If YES, continue.

2. Airfare or Conference Fee reimbursement (Please attach copy of back of Airline Ticket, or written quote from the Travel Agency or Air Carrier, or Conference fee receipt). DO NOT claim if the ticket was paid by TR.

Airfare \$ 1,743.80 pd Conference Fee \$ 350.00 pd3. Taxi, Parking, Car Rental, Rental Car Gas receipts, should be itemized and receipts attached. (Items less than \$15 don't require a receipt but must be itemized.) 87.45 for taxi(s)87.45

4. Mileage: _____ miles at Federal Rate.

From: _____ To: _____

Accounting Only > _____ @ _____

5. Business phone calls (attach itemized hotel bill showing phone charges. Calls to be reimbursed must be initialed)

Neal Foster

Travelers Name (print)

Authorizing Person (print)

Total

1010.01Less Advance 0Final Pmt \$ 1010.01

Signature of Traveler

Date

Signature of Authorizer

Date

Claimant certifies by signing the Travel Claim the above facts and supporting documents are correct and constitute a valid claim against the State of Alaska.

FISCAL

NOV 12 2013

Legislative Affairs Agency

Alaska State Legislature

State Capitol Room 102
Juneau, Alaska 99801-1182
(907) 465-2689
Fax: (907) 465-3472
1-800-665-2689



270 W Pioneer Ave. Suite B
Homer, Alaska 99603
(907) 235-2921
Fax: (907) 235-4008
1-800-665-2689

REPRESENTATIVE PAUL SEATON HOUSE DISTRICT 30

Memorandum

From: Representative Paul Seaton

A handwritten signature in cursive script that reads "Paul Seaton".

To: Legislative Council Chairman, Representative Mike Hawker

Date: December 3, 2013

RE: Late Travel Reimbursement Request

Attached to this memorandum are travel reimbursement forms for two separate meetings that I attended in August of 2013. One is for an Alaska Board of Forestry meeting in Soldotna on August 12th 2013 and another is for a Kenai Peninsula College Ribbon Cutting ceremony in Soldotna on August 15th 2013. My staff did not submit these reimbursement forms during the 60-day period after the travel due to human error. I am submitting a request for reimbursement at this point. Thank you for your consideration of this request.

of Travel:

Kendri Peninsula College ribbon cutting

Travel Claim - 02/27/13

Please attach boarding passes & return to LAA Accounting.

Return Form to: Shannen O'Brien, LAA, State Capitol, Rm 3, Juneau, Alaska 99801-1182 (907) 465-6625 or Fax (907) 465-1772

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.

1. On 8/15/13 I (will travel) (traveled) from: Homer to: Soldotna
Date City City
at: 8:00 AM (Indicate time on official business)

DATE		CITY/STATE	Breakfast	Lunch	Dinner
I overnighted on	in				
I overnighted on	in				
I overnighted on	in				
I overnighted on	in				
I overnighted on	in				
I overnighted on	in				
I overnighted on	in				
I overnighted on	in				
I returned to	<u>Homer</u>	on <u>8/15/13</u>	at	<u>9:00</u> AM/PM	
	Home Station	Date		Time	
TOTAL					

(Meals are prorated daily, and are determined by the time of day business travel begins and ends.)

1. If a portion of this trip includes personal business, list dates of personal business: _____
(or complete form showing shortest time trip could have taken)
2. Attach lodging receipts or check box to receive lodging per diem in lieu of receipt.
3. Check box if you wish to claim meal per diem **only** (no lodging expense incurred).
4. Check box if you wish to claim airfare and/or surface travel expenses **only** (no lodging or meal per diem).

FINAL TRAVEL COSTS

1. Was this trip completed as stated above? YES ☒ NO ☐ If NO, note changes below. If YES, continue.

2. **Airfare or Conference Fee reimbursement.** Please attach boarding passes, purchase confirmation email, written quote, or conference fee receipt. **DO NOT** claim if ticket or fee was paid for by LAA or by personal mileage plan.

Airfare \$ Conference Fee \$

3. Taxi, Parking, Car Rental, Rental Car Gas receipts, should be itemized and receipts attached. (Items less than \$15 don't require a receipt but must be itemized.)

4. Mileage: 150 miles at Federal Rate.

From: Harmer To: Soldota

Accounting Only x 56 @ 0.35

5. Business phone calls (attach itemized hotel bill showing phone charges). Calls to be reimbursed must be initialed.

Mall or Pouch Check to:

Paul Seaton 11-4-13
Name of Traveler (please print) Date

Name of Traveler (please print)

Date:

Paul R. Leaton
Signature of Traveler

Signature of Traveler

Giallant certifies by signing the Travel Claim that the facts contained on this form and supporting documents are correct and constitute a valid claim against the State of Alaska.

Signature of Authorizer

<p>Total</p>	<p>100</p>
---------------------	------------

Less Advance

Final Pmt 3

FISCAL

Purpose
of Travel:

NOV 07 2013

Legislative Affairs Agency
Travel Claim - 02/27/13

Board of Fish Forestry mtg

Legislative Affairs Agency

Travel Advance Requested: YES ☐ NO ☒**Please attach boarding passes & return to LAA Accounting.**

Return Form to: Shannen O'Brien, LAA, State Capitol, Rm 3, Juneau, Alaska 99801-1182 (907) 465-6625 or Fax (907) 465-1772

ITINERARY

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.

1. On 8/12/13 I (will travel) (traveled) from: Homer to: Kenai
at: 7:00 AM/PM (Indicate time on official business)

DATE	CITY/STATE	Breakfast	Lunch	Dinner
I overnights on _____ in _____				
I overnights on _____ in _____				
I overnights on _____ in _____				
I overnights on _____ in _____				
I overnights on _____ in _____				
I overnights on _____ in _____				
I overnights on _____ in _____				
I returned to <u>Homer</u> on <u>8/12/13</u> at <u>1:00</u> AM/PM				
TOTAL				

(Meals are prorated daily, and are determined by the time of day business travel begins and ends.)

- If a portion of this trip includes personal business, list dates of personal business: _____
(or complete form showing shortest time trip could have taken)
- Attach lodging receipts or check box to receive lodging per diem in lieu of receipt. ☐
- Check box if you wish to claim meal per diem only (no lodging expense incurred). ☐
- Check box if you wish to claim airfare and/or surface travel expenses only (no lodging or meal per diem). ☐

FINAL TRAVEL COSTS

1. Was this trip completed as stated above? YES ☒ NO ☐ If NO, note changes below. If YES, continue.2. Airfare or Conference Fee reimbursement. Please attach boarding passes, purchase confirmation email, written quote, or conference fee receipt. **DO NOT** claim if ticket or fee was paid for by LAA or by personal mileage plan.

Airfare \$ _____ Conference Fee \$ _____

3. Taxi, Parking, Car Rental, Rental Car Gas receipts, should be itemized and receipts attached. (Items less than \$15 don't require a receipt but must be itemized.)

4. Mileage: 168 miles at Federal Rate. From: Homer To: Kenai
Accounting Only: 168 @ 0.50 = \$84.005. Business phone calls (attach itemized hotel bill showing phone charges). Calls to be reimbursed must be initialed.

Mail or Pouch Check to:

Name of Traveler (please print) Paul Seaton Date 11-4-13Signature of Traveler Paul Seaton

Claimant certifies by signing the Travel Claim that the facts contained on this form and supporting documents are correct and constitute a valid claim against the State of Alaska.

Signature of Authorizer _____

ACCOUNTING	
Lodge \$	
Meals \$	
94.92	
Total	94.92
Less Advance	0
Final Pmt \$	94.92

ALASKA STATE LEGISLATURE

Representative Jonathan Kreiss-Tomkins

House District 34

rep.jonathan.kreiss-tomkins@akleg.gov

Committees:
Transportation
Fisheries
State Affairs



Juneau, Alaska 99801-1182

Interim: (907) 747-4665
Session: (907) 465-3732
Fax: (907) 465-2652

December 17, 2013

To: Representative Mike Hawker, Chair, Legislative Council

Re: Travel Reimbursement for Constituent Outreach Trip to Kake on October 1-5, 2013

Chair Hawker, and members of the Legislative Council --

I write hoping to excuse the late submission of a travel claims reimbursement form. In early October I traveled to Kake to meet with community leaders. My office submitted the reimbursement form to Legislative Affairs just a few days past the close of the 60-day submission window.

The tail end of that trip required a few last-minute travel changes, including buying a seaplane flight with cash on-site. In the midst of those changes, I neglected to gather the necessary receipts.

Working full-tilt during the interim on a range of legislative projects, my office -- my aide Tully McLoughlin and I -- started looking for the receipts some time after the completion of the trip, and ended up needing to double back to the companies for copies. That explains the delay.

Thank you for your consideration. Please feel free to contact me with questions.

A handwritten signature in black ink, appearing to be "JKT" or similar, written in a cursive style.

Representative Jonathan Kreiss-Tomkins

DEC 1 1 2013

Purpose of Travel: Constituent outreach

Legislative Affairs Agency
Travel Claim - 02/27/13

Travel Advance Requested: YES ☐ NO ☒

Please attach boarding passes & return to LAA Accounting.

Return Form to: Shannen O'Brien, LAA, State Capitol, Rm 3, Juneau, Alaska 99801-1182 (907) 465-6625 or Fax (907) 465-1772

ITINERARY

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.

Date	City	at	Time	(indicate time on official business)	(Check if meal was provided)	ACCOUNTING	
DATE	CITY/STATE	Breakfast	Lunch	Dinner	Lodge \$	Meals \$	
10/1/2013	Sitka	1pm	AM/PM				
I overnights on	10/1/13	in	Kake	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
I overnights on	10/2/13	in	Kake	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93
I overnights on	10/3/13	in	Juneau	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0
I overnights on	10/4/13	in	Juneau	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0
I overnights on		in		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I overnights on		in		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I overnights on		in		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I returned to	Sitka	on	10/5/2013	at	1pm	AM/PM	47
	Home Station		Date		Time		140
						TOTAL	140

(Meals are prorated daily, and are determined by the time of day business travel begins and ends.)

- If a portion of this trip includes personal business, list dates of personal business: _____
(or complete form showing shortest time trip could have taken)
- Attach lodging receipts or check box to receive lodging per diem in lieu of receipt. ☐
- Check box if you wish to claim meal per diem **only** (no lodging expense incurred). ☒
- Check box if you wish to claim airfare and/or surface travel expenses **only** (no lodging or meal per diem). ☐

FINAL TRAVEL COSTS

1. Was this trip completed as stated above? YES ☒ NO ☐ If NO, note changes below. If YES, continue.

2. Airfare or Conference Fee reimbursement. Please attach boarding passes, purchase confirmation email, written quote, or conference fee receipt. **DO NOT** claim if ticket or fee was paid for by LAA or by personal mileage plan.

Airfare \$ 330 Conference Fee \$

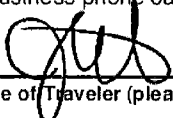
\$140.00
190.00
330.00

330.00

3. Taxi, Parking, Car Rental, Rental Car Gas receipts, should be itemized and receipts attached. (Items less than \$15 don't require a receipt but must be itemized.)

4. Mileage: _____ miles at Federal Rate. From: _____ To: _____
Accounting Only > @ _____

5. Business phone calls (attach itemized hotel bill showing phone charges). **Calls to be reimbursed must be initialed.**

Signature of Traveler  12/11/2013
Name of Traveler (please print) Date

Mail or Pouch Check to:

Total 470.00

Signature of Traveler

Less Advance 0

Claimant certifies by signing the Travel Claim that the facts contained on this form and supporting documents are correct and constitute a valid claim against the State of Alaska.

Signature of Authorizer

Final Pmt \$ 470.00