

# ALASKA STATE LEGISLATURE

SENATOR DONALD C. OLSON



ALASKA  
STATE CAPITOL  
ROOM 514  
JUNEAU, ALASKA 99801-1182

(907) 465-3707  
FAX (907) 465-4821

April 4, 2014

Representative Mike Hawker, Chair  
Alaska Legislative Council  
Alaska State Capitol  
Juneau, AK 99801

Re: Late Travel Reimbursement Request

Dear Representative Hawker,

This is to request your approval for reimbursement of expenses relating to legislative duties that were not submitted within the 60 day time period. I am requesting reimbursement for the following trips:

1. July 24-26, 2013 Golovin to Barrow (only seeking reimbursement from Nome)
2. August 15-16, 2013 Golovin to Unalakleet
3. September 5-13, 2013 Anchorage to Barrow
4. November 18-21, 2013 Barrow to Nome/Stebbins to Anc

The original documents were misfiled and staff mistakenly believed that they had been emailed in to LAA travel in time for reimbursement. I regret the delay and hope you will approve the request.

If I can answer any other questions regarding my travel or the reimbursement, please don't hesitate to call. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Donald C. Olson".

Senator Donald C. Olson  
Senate District T

\* SENATOR OLSON IS ONLY SEEKING REIMBURSEMENT FROM NOME

Purpose  
of Travel:

Barrow - Mayor Brower & Sen Higgins

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

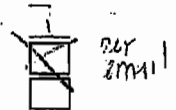
List each date in travel status and indicate where overnights. Indicate which meals were included with your registration or conference fee. Meal allowances should not be claimed if you consumed a meal included in the fee.

1. On 7-24 (will travel) (traveled) from: Golovin to: Barrow + ANC  
at: 8 AM/PM (indicate time on official business)

	DATE		CITY/STATE	Breakfast	Lunch	Dinner	ACCOUNTING	
							Lodge \$	Meals \$
I overnights on	<u>24</u>	in	<u>ANC</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<u>63</u>
I overnights on	<u>25</u>	in	<u>Barrow</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<u>94</u>
I overnights on	<u>26</u>	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 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>Golovin</u>	on	<u>7-26</u>	at	<u>11</u>	AM/PM		<u>94</u>
	Home Station		Date		Time			<u>251.00</u>

NOME - ANC - BARROW (Flew his plane from Golovin) TOTAL  
(Meals are prorated daily, and are determined by the time of day business travel begins and ends.) to Nome

- 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

#### 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 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.

607.90 341.50  
402.40 Airfare \$ 1351.80 Conference Fee \$

1351.80

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.

Mail or Pouch Check to:

Donald Olson 9-4-13  
Name of Traveler (please print) Date

APR 2 2014

Total

1602.80

Donald C. Olson  
Signature of Traveler

Legislative Affairs Agency

Less Advance

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 \$

1602.80

8/2/14

FISCAL

OCT 21 2013

OCT 21 2013

Legislative Affairs Agency  
Travel Claim - 02/27/13\*Purpose  
of Travel:

Unalakleet - Chinoock Summit

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/STATE	Breakfast	Lunch	Dinner	Lodge \$	Meals \$
On 8-15	Unalakleet					
at 11 AM/PM						
I overnights on						
I overnights on						
I overnights on						
I overnights on						
I overnights on						
I overnights on						
I overnights on						
I returned to	Juneau	at 9	AM/PM			
TOTAL					211	118
					211.00	93.00

(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 \$ 720.94 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: 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 initiated.**

Mail or Pouch Check to:

Donald Olson 9-4-B  
Name of Traveler (please print) Date

Total 931.94

WAO for Donald C. Olson  
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: 931.94

JG  
3/27/14

85 4/7/14

LATE LET COVN

Legislative Affairs Agency  
Travel Claim - 11/19/2009

Purpose of Travel: NOME/KAWERAK MTG + FLY STEBBINS RE STORM DAMAGE  
ATTEND LEG COUNCIL MEETING IN ANC

**Please attach boarding passes & return to  
LAA Accounting.**

**Return Form to: Shannen Fisk, 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 11-18-13 I (will travel) (traveled) from: BARROW to: NOME / STEBBINS  
Date City City  
 at: 6 AM/PM (indicate time on official business) THEN NOME TO ANCHORAGE

	DATE		CITY/STATE	Breakfast	Lunch	Dinner	Lodge \$	Meals \$
overnighted on	11-18	in	ANC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		57
overnighted on	11-19	in	Nome (+ STEBBINS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		132
overnighted on	11-20	in	ANC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		107
overnighted on		in		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
overnighted on		in		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
overnighted on		in		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
overnighted on		in		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
I returned to	BARROW	on	11-21-13	at	6	AM/PM		107
	Home Station		Date		Time			463
						TOTAL		463

*(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 hotel room receipts.
3. Check box if you do not have actual receipts and wish to claim travel per diem instead.
4. Check box if you wish to claim airfare and/or surface travel expenses **only**, (no per diem or meals).

## 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 \$ 1344.00 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.) TAXI \$9, TAX \$12, PARKING \$13

4. Mileage: \_\_\_\_\_ miles at Federal Rate. From: \_\_\_\_\_ To: \_\_\_\_\_

Accounting Only &gt; @

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

**Mail or Pouch Check to:**

DONALD C OLSON 4/1/44  
Name of Traveler (please print) Date

Name of Traveler (please print)

Date \_\_\_\_\_

CAPITOR BLOC #508      Total

Donald C Olson by Mary  
Signature of Traveler

**Signature of Traveler**

**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.**

**Less Advance**

**Signature of Authorizer**

**Final Pmt \$** 1,787.00

4/3/14