TA Number [ ]

UNIVERSITY OF ALASKA
TRAVEL AUTHORIZATION

TA Number to be assigned by Dept Travel Coordinator

Travelers Identification

Traveler's email address: [ ]   Travel Coordinator: [ ]   Department: [ ]

First Name: [ ]   Middle Name: [ ]   Last Name: [ ]

Mailing Address; Street/PO Box: [ ]   City: [ ]   State/Province: [ ]   Zip/Postal Code: [ ]

UA Employee ID: [ ]   Birth Date (required by TSA): [ ]   Gender: [ ]

Are you a US citizen? ☐ Yes ☐ No

Are you a UA empoyee? ☐ Yes ☐ No

If you are not a U A employee AND answered "No" to Citizenship, please fill out TSDF form.
"I understand that all travel requires me to carry my I-20, DS2019, I-797 and/or PR card." Initial Here [ ]

Trip Information

Date Leaving: [ ]   Return Date: [ ]   Personal Days: [ ]   (Business only comparison required before purchasing)

Meeting or Conference Link: [ ]

Reason for trip(s): *Provide purpose and benefit to the University*

Originating From: [ ]   Destination: [ ]   Meeting Dates: [ ]

Originating From: [ ]   Destination: [ ]   Meeting Dates: [ ]

Originating From: [ ]   Destination: [ ]   Meeting Dates: [ ]

Estimated Trip Costs   Standard Rate [ ] x 150% = [ ]

_____
MAU Travel Admin approval

Note: *lodging greater than 150% of the standard rate will require prior approval from the Travel Administrator.*

Mode of transportation: [ ]   Cost [ ]

Lodging

No. days: ___   Rate 1: ___   No. days: ___   Rate 2: ___   No. days: ___   Rate 3: ___   _____

Meals & Incidentials

No. days: ___   Rate 1: ___   No. days: ___   Rate 2: ___   No. days: ___   Rate 3: ___   _____

Ground

Car rental: ___   Shuttle: ___   Taxi: ___   other:: _____   _____

Registration cost: ___   Supplies: ___   Parking: ___   Baggage fee, ect: ___   _____

Administrative Info

FUND	ORG	ACCT	PROGRAM	AMOUNT
[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]	[ ]

TOTAL TRAVEL AMOUNT   _____

Less Travel Card Amount   _____

Less ProCard Amount   _____

Less Other Amount(s)   _____

Total Encumbrance [ ]

Travel Coordinator Info
Please book and or purchase the following: Air ___   Hotel ___   Car ___

Travel Advance Requested: _____   Amount Requested: _____

Travel Approvals:

Supervisor:_____ Date_____ Dean/Director_____ Date_____

Entered By:_____ Date_____ Workflow_____ Comments:_____ Version 2011-08