

**TRAVEL REIMBURSEMENT  
For Employees and Board Members**

To Be Used When Overnight Travel is Required

Name \_\_\_\_\_  
Address \_\_\_\_\_

Employee E# \_\_\_\_\_  
**RECEIPTS MUST BE ATTACHED  
for Airfare, Hotel and Other Expenses**

**FOR EXPENSES IN CONNECTION WITH:**

Purpose of Meeting \_\_\_\_\_  
Meeting at \_\_\_\_\_ Dates \_\_\_\_\_

**TRANSPORTATION:**

Airfare (documentation required) at \$ \_\_\_\_\_ \$ -  
or number of miles \_\_\_\_\_ at 0.545 \$ -  
based on GSA mileage rates at <http://www.gsa.gov>

**PER DIEM\*\*:**

Departure Date \_\_\_\_\_ Time \_\_\_\_\_  AM  PM

In-State Meal Rates (based on State of Alaska rates):  
Does your conference provide for some or all meals? \_\_\_\_ If so, do not claim reimbursement for those meals.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	
Hotel @ actual								\$ -
Breakfast @ \$12								\$ -
Lunch @ \$16								\$ -
Dinner @ \$32								\$ -

(Out-of-State rates based on federal GSA per diem rates, <http://www.gsa.gov>)

Return Date \_\_\_\_\_ Time \_\_\_\_\_  AM  PM

**OTHER EXPENSES** (receipts required):

Please list \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**TOTAL** \$ -

I certify the above is a true statement of expenses incurred by me in connection with the activity noted above and accordingly make claim for reimbursement.

\_\_\_\_\_  
Date  
\_\_\_\_\_  
Account number

\_\_\_\_\_  
Employee Signature  
\_\_\_\_\_  
Administrator Approval

\*\* No meals or incidental expenses shall be paid unless associated travel requires extended hours, out of district travel or overnight lodging. To be eligible for meal reimbursement on the day travel begins or ends, an individual must be in travel status for a minimum of three consecutive hours within the meal period noted below:

Breakfast: Midnight to 10:00 AM  
Lunch: 10:00 AM to 3:00 PM  
Dinner: 3:00 PM to Midnight

**Must Be Submitted Monthly**