

**UNIVERSITY OF ALASKA ANCHORAGE
TRAVEL AUTHORIZATION FORM**

TA

Traveler's Name: _____ Dept. Name: _____

Is Traveler an Employee of UA? Yes No City Departing From: _____

If Yes, Employee ID# _____ City Traveling To: _____

If non-employee, is traveler a citizen of U.S. or permanent resident? Yes No Date Departing: _____

If not, please complete TSDF (Taxable Status Determination Form). Date Returning: _____

Purpose of Trip: _____ Date & Time Business Begins: _____

_____ Date & Time Business Ends: _____

_____ Dates of Personal Leave: _____

Is documentation supporting purpose of trip attached? Yes No

Estimated Costs	Amount	Payment Type(Procard/PO/Dept. Travel Card)
Transportation Costs	\$ _____	
Lodging () Days at \$ ()	\$ _____	
Meals () Days at \$ ()	\$ _____	
Registration Fee	\$ _____	
Taxis/Shuttle/Parking	\$ _____	
Other	\$ _____	
Total Estimated Costs	\$ _____	

Accounting Information				Banner Entry
Fund	Org	Acct	Amount	
				Total to enter in Banner: \$ _____
				Entered into Banner by: _____
				Date entered into Banner: _____

Details				
Car Rental Requested:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Justification: _____	
Advance Requested:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Justification: _____	
Amount of Advance:	\$ _____		_____	
Phone # to call for advance check pick-up:	_____		_____	
Notes:	_____			
Exceptions to Standard Reimbursement:			Justification: _____	
Lodging > 1.5 x standard cost	Yes <input type="checkbox"/>	_____		
Other:	_____			

BY SIGNING BELOW, I, the traveler, understand that if renting a car I must obtain the most economical rate, that insurance costs will NOT be reimbursed, and anything larger than a midsize requires pre-approval. If requesting an advance, I understand that it must be cleared within 30 days or it may be withheld from my paycheck, and I must submit a Travel Expense Report within 15 days of return.

Request Approval: (Traveler) _____ Date: _____

Recommend Approval: (Traveler's Supervisor/Dept. Head) _____ Date: _____

Approved By: (Budget Authority) _____ Date: _____

Approved By: (Dean/Director if Out-Of-State) _____ Date: _____

**Any revisions to name, date, location, or cost increases > \$50.00, notify Travel Office.
Original TA should be submitted with completed TER.**