

**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	\$ _____	
<b>Total Estimated Costs</b>	<b>\$ _____</b>	

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:	_____			
<b>Exceptions to Standard Reimbursement:</b>			Justification: _____	
<b>Lodging &gt; 1.5 x standard cost</b>	Yes <input type="checkbox"/>	_____		
<b>Other:</b>	_____			

**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.**