TA#_____

TRAVEL AUTHORIZATION

Full Name of Traveler (As It Appears on ID)	
Purpose of Travel (If Conference/Training – attach registration/agenda)	

Ferry Transportation (If Yes, Is Stateroom Needed and what part of travel)	Y or N	
Hotel (If Yes, Name Hotel)	Y or N	
Conference Fees (If Yes, Amount Due & Attach Invoice)	Y or N	
Traveling with other employee (If Yes, list names)	Y or N	

TRAVEL ITINERARY

Date	**Departure City & Time**	**Arrival City & Time**	**Flight # or Ferry**

Account Coding:	_____-_____-_____	Amount:	$_____
	_____-_____-_____		$_____
	_____-_____-_____		$_____
	_____-_____-_____		$_____
	_____-_____-_____		$_____

By signing below I understand if I fail to submit post-travel paperwork, including receipts, within 5 working days of returning any travel advance received will be deducted from my next paycheck.

Pre-Travel Approval	Traveler _____	Date _____	Approver _____	Date _____
Post-Travel Approval	Traveler _____	Date _____	Approver _____	Date _____

~~~~~~~~~~~~~~~FOR ACCOUNTING USE ONLY – PLEASE DO NOT USE~~~~~~~~~~~~~~~

Expenses	**Pre-Travel**	**Post-Travel**	**Paid By**	**Per Diem Calculation**			
				Meal	# of Days	Rate	Total
Air Fare				**Breakfast**		12.00	
Air Fare				**Lunch**		16.00	
Ferry				**Dinner**		32.00	
Car Rental							
Lodging				**Total Per Diem**			
Conference Fees				Notes:			
Parking							
Taxi/Shuttle							
Gasoline							
Other							

TRAVEL AUTHORIZATION INSTRUCTIONS

Name of Traveler: Traveler name as it appears on ID.
Purpose of Travel: List travel purpose(s).
- If Conference or Training an Agenda/Registration is required to be attached.

Departing City: Name the city that traveler is leaving from.
Arriving City: Name the city that traveler is traveling to.
Business Start Date/Time: Time that business is to start; <u>NOT TRAVEL</u>.
- Example is Date/Time the Conference/Meeting starts on Day 1.
- Example is Date/Time the first outreach appointment is scheduled to start.

Business End Date/Time: Time that business is to end; <u>NOT TRAVEL</u>.
- Example is Date/Time the Conference/Meeting ends on last day.
- Example is Date/Time the last outreach appointment is scheduled to end.

Ferry Transportation: Select Yes or No if you are traveling by AK Marine Highway.
- If Yes, Please note if a stateroom is required and between what cities.

Hotel: Select Yes or No if you need a hotel room.
- If Yes, Please note if you have a preferred hotel.

Conference Fees: Select Yes or No if you have conference registration or fees to be paid.
- If Yes, Please note amount of fees or registration and attach invoices for payment

Traveling With Other Employees: Select Yes or No if you are traveling with other CCS employees.
- If Yes, Please note names of those you are traveling with or are attending same event.

Personal Travel Included: Select Yes or No if you are adding personal travel to the trip.
- If Yes, Please note what dates you want added for personal and any other needed information.

Travel Advance: Select Yes or No if you are requesting a travel advance.
- If Yes, 100% of your per diem will be issued to you prior to travel.

Any Costs Reimbursed: Select Yes or No if any travel or conference costs are being reimbursed to CCS.
- If Yes, List what costs are being reimbursed and attach form to be submitted for reimbursement.

Travel Itinerary: This doesn't need to be completed unless you know the flights and times.
Account Coding: Please list account code(s) that travel will be coded to.
Amount: This doesn't need to be completed unless there is a specified amount allowed to any of the coding listed.
Pre-Travel Approval: Traveler and Approver must date and sign <u>before</u> travel is submitted.
Post-Travel Approval: Traveler and Approver must date and sign <u>after</u> travel is completed.

This can now be submitted to Accounts Payable/Travel to have the travel processed.
Once travel is all paid and completed traveler will receive a copy of this with all reservations.
When travel has been completed the copy given should be signed and dated on Post-Travel Approval line and submitted with all receipts attached (even if it was paid by CCS or being reimbursed later).