- FAIRBANKS NORTH STAR BOROUGH EMPLOYEE EXPENSE REPORT

2726

″ ΤΛ# ַ	24193	
TRIP	:Juneau	W)

TRAVELER NAME SWANNAL Fletcher

TRIP	Juneau AK) DA	ATES OF TRIP: 210-21110004
Travel	ers Check List Below is within 10 working days of	a list of required documentation your return).	to complete your travel expense report (Travel Expense Reports
[] Bon	rding Passes (if available)	M Itemized Hotel Receipt	[] Taxi Receipts/Shuttle Receipts
☐ Parl	king Receipts	☐ Rental Car Contracts/Recei	pts
MM	flights changed from the i	m the itinerary or boarding pass tinerary or boarding pass List fli	ight changes below for proper calculation of your per diem.
Expo	ense Summary		et
1.	Transportation	· ·	s 0
2.	Registration		s O
3.	# days x current Per	Diem	s 108- ·
4.	Adjustment for meals (red	duced on TA but not consumed)	\$
5. ,	Breakfast \$8.00 initially reduced for meals	Lunch \$14.00 Dinner \$21	NSUMED by the following Federal established amounts: 1.00 Per the per diem calculator, if Per Diem was meals, make an adjustment above. (I.e, the conference to to line 4).
6.	Vehicle Rental/Taxi		s -
7.	Other		\$
	Other		\$
	Other	-	\$
	expenses Paid by Employee dvance Received	(s 549.18
Λmoun	t Due Employee or (Owed)	FNSB	s
		he Collections Office, with TA # rdance with FNSB Travel Policy	and org key/object code referenced. Attach receipt of payment to
for, and			expenses of the aforementioned trip that I have personally paid a reductions, as noted in Expense Summary #4. All required
Sav Employ	annah Flotche vee Name (Print)	Employee Signatu	hedreno agal.
Departi	August Justinent Head or Chief of Staff	Mayor	2/9/24 Date

FAIRBANKS NORTH STAR BOROUGH EMPLOYEE EXPENSE REPORT

/A#	24118		TDAVE	PD N. S.	- David C. 1	landa	ola
100	: AML Winter 19	a. Cenf.		LER NAM OF TRIP:		が不同所	Fry
Travel	ers Check List Below is within 10 working days of	a list of required documentally your return).				l Expen	se Reports
,	arding Passes (if available)	Itemized Hotel Receipt		□ Taxi Re	ceipts/Shuttle Receipts		
□ Parl	cing Receipts	☐ Rental Car Contracts/R	eccipts		for other expenses claim	ned	
□ Му		(Mark one) m the itinerary or boarding pass Lis					
***************************************			st inght chan	ges below to	r proper calculation of yo	our per d	iem.
Expe	nse Summary						90
1.	Transportation	∘ 6 g	s	}			
2.	Registration		s -E)			
3.	# days x current Per	Diem	s 15	1	* Secutoched	(no o	chance
4.	Adjustment for meals (red	uced on TA but not consume	ed) \$				
5. 6.	initially reduced for meals	diem be reduced for meals (unch \$14.00 Dinner and you did NOT consume ot consume the meal- add \$	be made m	the per dien			
7.	Other	· ·	s0				
	Other		3 <u></u>				
	Other		s			į	
<i>*</i>			OI.	D			
	penses Paid by Employee		(2 XII)	8-1			
	vance Received		s 40	200			
	Due Employee or (Owed) F		s_(100) 32)			
Submit a this repor	Il amounts due FNSB to the rt. To be prepared in accord	Collections Office, with TA ance with FNSB Travel Poli	A # and org k	ey/object cod	de referenced. Attach rec	eipt of p	ayment to
	nalty of perjury, I certify th hat I have complied with the re attached.	at these are the true and actu e IRS rules regarding per die	al expenses on reductions	of the aforem s, as noted in	entioned trip that I have Expense Summary #4.	personal All requi	ly paid red
DOW	Mame (Print)	Employee Signa	ned,		Spic Dix	4	4,
0	sul du	1117			2/29/7014	/	
epartme	nt Head or Chief of Staff/M	ayor			Date		

5 of 26

TRAVEL AUTHORIZATION

FAIRBANKS NORTH STA	R BOROUGH I	P.O. Box 71267	FAIRBANKS,	AK 99707	1267 (907) 459-100	00		
Department: ASSEMBLY TA# Amendment# Date: 4/10/2024								
Employee: Brett Rote Mu	Destina .	right JUNE	JU, AK) (
Reason For Travel: Adwards	CO Fravel Tim	e Record:	th loop	Jist	11 101 5	0 -		
Depart Fairbanks: Date 4804 T	ime *3:250	m	Depart Destinatio	n: Date_	1004 Time 83	ispm)		
Arrive Destination: Date 48134 7	ime <u>9:21/21/21</u>	Ω	Arrive Fairbanks:	Date 4	1134 Time* 16	19am)		
Number of Days:		Comments:	200		11500			
Annual Leave Dates:		Org Key/Ob		664	101580			
* Include pre-flight and post-arrival t			edefined in the tra		. Include per diem cal	cuiation.		
Check appropriate box for	Estimated	NILED EAL	ENDITORES	Date	Vendor Name	Vendor Number		
advance or reimbursement:	Costs (includes prior amendments)	AMENDEI Variance An	OTA DETAIL nt. Total Cost	Paid				
1.TRANSPORTATION	0-1-10				5 1151	1 Stych Wie		
pre-payment reimbursement	46.19			20	Brett Kolermur	a papalac		
2. REGISTRATION				S	/ ^	11/4		
pre-payment	NA				NJA	N/A		
PER DIEM — Complete and attach Per Diem calculator noting meals consumption:						I smallstill		
advance reimbursement	100-				Brett Kalermun	f applied		
4. HOTEL	11-11-27				D 11 O-101 110 110	180000 3K		
reimbursement	40400		-	- (Brest Kottymiur	Arrace		
5. VEHICLE RENTAL/TAXI** advance reimbursement	AU				NA	N/A		
6, OTHER ***					1 1/10	11/1		
advance reimbursement	NA				N/+\	INIT		
TOTAL COST	1591.40							
** If renting a vehicle, purchase liabil	ity coverage and	decline the colli	is on damage cove	rage, unle	ess current conditions	warrant.		
*** Explanation of other costs:(Exam	ple: Parking fees, in	ternet fees)						
					51	5 15 -		
EMPLOYEE ACKNOWLEDGEMENT FNSB 2.24.221(D) requiring that with	NT: I have read, t nin 10 working da	understand and vs of my return	Will ablue by the p	ntatio	16	10 8		
deduction of the advanced amount fro	m my pay; and 3)	FNSB 2.24.23	I requiring paybac	ck (rei	4:	66 27 s		
should I resign my position with the E the Borough Mayor or Chief of Staff.	Borough prior to c	ompleting one ; t the provided t	year of service allo neals expected to	be con	1 9	nt and		
I will make necessary adjustments on	the expense repor	rt at the comple	tion of the travel,			0 - 3		
Employee Signature:	ned Men	Date:	4114124		-			
Required Approvals - (Prior travel):	1 11	L	11000	/		ă.		
Department Head:	Jan	Date:	4-19-24	Borou	gh-directed training? Y	N		
Budget Control: (00 About				— Dainel	oursement provision waiv	red: (Initial)		
Chief of Omitional Art.			no Vellow and C	_	•	Con		
Distribution: White: Advance/Registribution: White: Advance/Registribution Department	t, Copy to Payroll	n cen, puicidsi	ng renowand O		Form Up	dated on 3-7-16		

	TRAV	EL AUTHO	RIZATION			(or 24)		
FAIRBANKS NORTH STA	FAIRBANKS NORTH STAR BOROUGH, P.O. Box 71267 FAIRBANKS, AK 99707-1267 (907) 459-1000							
artment: ASSEMMINT	A# 3411 (12	Amendment#	Date Date	(5)	11/14	1		
Employee: YCH VO	Destin	LINOW	TI AAS	7	11/1/	See 7082		
TO TO THE TOTAL PARTY OF THE TOT	Ter Desim	anon: MIN CA		dali	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 	D Wat		
Reason For Travel:	Travel Tin	ne Record:	uf w	JUNIA.	11 101 00	Juph Coix		
Depart Fairbanks: Date	Time * 3 37	70V/	Depart Destination	n: Date_	100 Fine 80	SYDYY)		
Arrive Destination: Date 4804	Time 1010		Arrive Fairbanks:	Date 1	116 4 Time*	(010 <u>14</u>		
Number of Days:		Comments:		1		-		
Annual Leave Dates:		Org Key/Obj	ect Code: OSC	カか	9 - 10158(
* Include pre-flight and post-arrival	time if you are tra	eveling by air, as	defined in the trav	vel polic	y. Include per diem cale	culation.		
	THE COURSE WITH THE PARTY OF TH	AND DESCRIPTION OF THE PERSON	ENDITURES					
Check appropriate box for	Estimated	43 673 773	m	Date	Vendor Name	Vendor Number		
advance or reimbursement:	Costs (includes prior	AMENDED Variance Am	TA DETAIL t. Total Cost	Paid				
1.TRANSPORTATION	amendments)		1 (7)					
pre-payment reimbursement	915.19	-0	964		B. Rolemund	00000310		
2. REGISTRATION	۸۱	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				, , , , , , , , , , , , , , , , , , , 		
pre-payment reimbursement	MA	Market St. St. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co	THE REAL PROPERTY OF THE PROPE		OF SECRETARIAN SEC	我们是这个一个人的,我们就是一个人的,我们就是一个人的人,他们也没有一个人的人,他们也没有一个人,他们也是一个人,他们也是一个人,他们也是一个人,他们也是一个人		
3. PER DIEM - Complete and attach Per	, ,		-					
Diem calculator noting meals consumption:	1 1104-	A	1108-	2 2	B Polamunol	77777107310		
reimbursement V			100		D TOTOT MICE AND I	100000		
advance reimbursement	1454°	- 287.1°	1 741.90	2 27	B Refermund	POHUBIC		
5. VEHICLE RENTAL/TAXI** advance	ALLA	water the training and all the	CANADA CONTRACTOR PROPERTY AND ADDRESS OF THE PARTY OF TH		NAME AND ADDRESS OF THE PARTY O	to the state of th		
reimbursement 5. OTHER ***					a market			
advance	INIA	· · · · · · · · · · · · · · · · · · ·	Secretary and Secretary		e-market	e commence and the second		
OTAL COST	4-01310	NC-11013	10-10 M	1				
4	1041.70	99-1-27	-16+4.5	-		×		
** If renting a vehicle, purchase liabili *** Explanation of other costs:	ity coverage and o	decline the collis	on damage cover	age, unle	ess current conditions w	varrant.		
	ole: Parking fees, in	ternet fees)				· ·		
EMPLOYEE ACKNOWLEDGEMEN	JT: I have read 1	inderstand and w	ill abide by the pr	ovisions	of 1) FNSB Travel Po	licy 35 01 · 2)		
NSB 2.24.221(D) requiring that with	in 10 working da	ys of my return,	submit documen	tation su	bstantiating this travel	or be subject to a		
leduction of the advanced amount from hould I resign my position with the B								
he Borough Mayor or Chief of Staff.					ed have reduced the ne	er diem amount and		
will make necessary adjustments on t					licat	· ·		
Imployee Signature:	MUMA	// () Date: _	214124	1	and have reduced the per			
<u>lequired Approvals - (Prior to travel):</u>		21	- ()		\mathcal{Y}	# .		
Department Head:	;	Date:	· · · · · · · · · · · · · · · · · · ·	Boroug	h-directed training? Y	N		
Sudget Control:		Date:						
hief of Staff/Mayor:		Date:		Reimbu	rsement provision waive	d:(Initial)		
Distribution: White: Advance/Registra 'ink and Blue: Initiating Department,		reen: Purchasing	Yellow and Gol	denrod:		ted on 3-7-16		

			TAR BOROUGH SE REPORT		7 of 26
TA#24107		TRAVI	ELER NAME POST	+ Roternum	d .
TRIP: Advocate Leo	Prontes		OF TRIP: 48-4	4/1/2004)
Travelers Check List - Below is are due within 10 working days of	a list of required documen	tation to con	nplete your travel expense	report (Travel Expense Re	eports
☐ Boarding Passes (if available)	☐ Itemized Hotel Receip	ot	☐ Taxi Receipts/Shuttl	le Receipts	
☐ Parking Receipts	☐ Rental Car Contracts/	Receipts	☐ Receipts for other ex	kpenses claimed	
Confirmation of Flight Times: ☐ My flights did not change from the	om the itinerary or boarding		nanges below for proper cal	culation of your per diem	
Expense Summary			.0		*
1. Transportation		<u>\$(</u>	H5_14	•	
2. Registration		\$			N
3. # days x current Per	Diem	\$	(0d-	\$	•
4. Adjustment for meals (re-	duced on TA but not consu	med) \$	-		
Breakfast \$8.00 initially reduced for meals	Lunch \$14.00 Dinn	er \$21.00 ne the meals	ED by the following Feder. Per the per diem calculator, make an adjustment above	, if Per Diem was	
7. Other		\$			
Other	•	. \$		2	
• Other		\$			
Total Expenses Paid by Employee Less Advance Received Amount Due Employee or (Owed)	FNSB	\$\$ \$\$	879.09		
Submit all amounts due FNSB to the this report. To be prepared in accordance	dance with FNSB Travel P	olicy .			
Under penalty of perjury, I certify t for, and that I have complied with t receipts are attached.	hat these are the true and a he IRS rules regarding per	ctual expens diem reduct	es of the aforementioned tr ions, as noted in Expense S	ip that I have personally p lummary #4. All required	biac
Brett Follmund Employee Name (Print)	See 4Ho	icheol	5/17	184	1
Department Head or Chief of Staff/	Employee Si	Ruature	5.15	7 <u>7</u>	

8 of 26

TRAVEL AUTHORIZATION

FAIRBANKS NORTH STA	AR BOROUGH	P.O. Box 7126	7 FAIRBANKS,	AK 9970	7-1267 (907) 459-10	00	
Department: ASSEMBLU TA# 250 (Amendment# Date: 7849084							
Employee: Mindy O'Wal	Destina	ation: Modic	1K, AK				
Reason For Travel: APPL SUN	nmer leo	islative	2 Confere	nce			
Depart Fairbanks: Date 12	Time * 12:150	M)	Depart Destinatio	n: Date	10/04/1me 9:1	dam	
Arrive Destination: Date 10 0	Time <u>U 309</u> 1	1)	Arrive Fairbanks:	Date &	ILLA Time* 2'	30pm	
Number of Days 4.33		Comments:					
Annual Leave Dates:			bject Code: <u>DD</u> C		-U1580		
* Include pre-flight and post-arrival				vel polic	y. Include per diem cale	culation.	
Check appropriate box for	Estimated	KIZED EX	PENDITURES	Date	Vendor Name	Vendor Number	
advance or reimbursement:	Costs (includes prior amendments)	AMENDE Variance A	D TA DETAIL mt. Total Cost	Paid	venuoi ivaine	vendor Number	
1.TRANSPORTATION	0						
pre-payment reimbursement	531.49			20	Mindy O'Neall	0005179	
2. REGISTRATION pre-payment	-						
reimbursement	245-				<i>iblistara</i>	229F18WV	
PER DIEM — Complete and attach Per Diem calculator noting meals consumption:					0		
advance reimbursement	194.6+				Moder O'Weall	0005H9	
4. HOTEL advance	(953.72)	_			Marchalland	DECAMON	
5. VEHICLE RENTAL/TAXI**					MILLING NOW	MUSITY	
advance reimbursement	-0				NA	ALM	
6. OTHER ***	B-				100 100 100	SIDNET TO	
reimbursement TOTAL COST	· · · · · /8				MIDWOINEDOK	MECHOL	
*	15650						
** If renting a vehicle, purchase liabili *** Explanation of other costs:	Coverage and d	ecline the coll	ision damage cover	age, unle	ss current conditions w	arrant.	
(Examp	le: Parking fees, int	ernet fees)		architecture provided Sphi nometation and units he	Total Control of the		
EMPLOYEE ACKNOWLEDGEMEN	T. I have read u	nderetand and	will shids by the pr	aviolano			
FNSB 2.24.221(D) requiring that with	in 10 working day	s of my return	, I submit documen	tation su	l		
deduction of the advanced amount from	m my pay; and 3)	FNSB 2.24.23	I requiring payback	k (reimbi	ı		
should I resign my position with the B- the Borough Mayor or Chief of Staff.	orough prior to co	impleting one	year of service after	the com	I .	50 - 04 vd	
I will make necessary adjustments on t				e consum		nd .	
Employee Signature: AMON	ed Memo	Date:	70404				
Required Approvals - (Prior to travel):	1 . i.			. ,		1	
Department Head: Chil	andle	y Date:	4-24-200	Borous	th-directed training? Y	N	
Budget Control: Quilter	ipwold	Date:	7/29/24				
Chief of Staff/Mayor: Jun 16	ibi aur		07/31/24		ursement provision waive	d: (Initial)	
Distribution: White: Advance/Registra Pink and Blue: Initiating Department,		een: Purchasii	ng Yellow and Gol	Idenrod:		ted on 3-7-16	

FAIRBANKS NORTH STAR BOROUGH EMPLOYEE EXPENSE REPORT

			_	
AMLS	mmer	179	Cont	
S: Line Or	ulling	M.	COLIT .	

0	Ame Summer Lea	. Cont.	DATES (OF TRIP: X	1-8/10/24	
ravele are due	rs Check List – Below is a within 10 working days of	a list of required documenta your return).	ition to comp	olete your travel ex	pense report (Travel I	Expense Reports
☐ Boar	ding Passes (if available)	☐ Itemized Hotel Receipt	t	☐ Taxi Receipts	/Shuttle Receipts	
☐ Park	ing Receipts	☐ Rental Car Contracts/R	Leceipts	☐ Receipts for o	ther expenses claime	đ _
□Му		Mark one) on the itinerary or boarding itinerary or boarding pass L	-	nges below for pro	per calculation of ýou	n per diem.
Expe	nse Summary					
1. 2.	Transportation Registration		\$_5 \$	31.109		
3.	# days x current Per		\$	54 67		
4.	IRS requires that your per Breakfast \$8.00 initially reduced for meals	duced on TA but not consur- diem be reduced for meals Lunch \$14.00 Dinner and you did NOT consum- not consume the meal- add	CONSUME er \$21.00 I e the meals,	Per the per diem ca make an adjustmer	lculator, if Per Diem	was
5. 6.	Vehicle Rental/Taxi		\$	<u> </u>		
7.	Other		\$			
v .	Other	4	\$ \$			
Less Ad Amoun Submit		FNSB he Collections Office, with rdance with FNSB Travel P		319.08 319.08 g key/object code r	eferenced. Attach rec	eipt of payment t
for, and	enalty of perjury, I certify that I have complied with are attached.	that these are the true and a the IRS rules regarding per	ctual expens diem reducti	es of the aforement ions, as noted in Ex	cioned trip that I have tpense Summary #4.	personally paid All required
Employ	Atlached Men ee Name (Print)	Employee Si	ignature		8 23 34 Date	*
Departm	Lent Head or Chief of Staff	W Mayor			8126/24 Date	45

TRAVEL AUTHORIZATION

FAIRBANKS NORTH STA	AR BOROUGH	P.O. Box 71267	FAIRBANKS, A	K 99,70	7-1267 (907) 459-1	000		
lancardal 1	A# 25021 A			e: 8/10	124			
Employee: Cott Crass Destination: ACCORDA, AS								
Reason For Travel: StateWide	CONVENION Travel Time	a môw	Michan	m	\$.			
Depart Fairbanks: Date 9484	Time * 5:300	~	Depart Destination	n: Date	1004 Time 11:	180m		
Arrive Destination: Date 1424	Time 8:330	$m \mid$	Arrive Fairbanks:	Date Q		59am		
Number of Days: A.UL		Comments:	PO Appr	Wer	l .	20 T		
Annual Leave Dates:		Org Key/Obj		550	1-6128C			
* Include pre-flight and post-arrival				el policy	/. Include per diem ca	lculation.		
		RIZED EXP	ENDITURES			T 22 - 		
Check appropriate box for advance or reimbursement:	Estimated Costs (includes prior amendments)	AMENDED Variance Am	TA DETAIL t. Total Cost	Date Paid	Vendor Name	Vendor Number		
1.TRANSPORTATION								
pre-payment reimbursement	a45:30				udisferror	VW8479633		
2. REGISTRATION pre-payment			7		, \cup	1.		
reimbursement	8			signio ne	NA	N/A		
PER DIEM — Complete and attach Per Diem calculator noting meals consumption:	. 02				Q 11-			
advance reimbursement	131.00	1		2	Scarch Hooss	100006444		
4. HOTEL	1038 34				Soft Crass	000W497		
5. VEHICLE RENTAL/TAXI** advance reimbursement	100-				Poot Crass	00010197		
6. OTHER ***	1.00				0 1/0			
advance reimbursement	50-				Scott Crass	00000444		
TOTAL COST	1555-27				ž.			
** If renting a vehicle, purchase liabil *** Explanation of other costs:	THE THE PARTY	ecline the collis	on damage cover	age, unle	ess current conditions	Warrant 245 70		
	ple: Parking fees, int	ernet fees)	Aug. 1949 1940 1940 1940 1940 1940 1940 1940		•	121 33		
EMPLOYEE ACKNOWLEDGEMEN	NT: I have read u	nderstand and v	vill abide by the p	rovisio	100	038 24		
FNSB 2.24.221(D) requiring that with	hin 10 working day	s of my return,	I submit documer	itation!		100 00° a		
deduction of the advanced amount fro should I resign my position with the I	om my pay; and 3)	FNSB 2.24.231	requiring paybac	k (reim		50 00+		
the Borough Mayor or Chief of Staff.	I understand that	the provided m	eals expected to b	e consu	1.	and		
I will make necessary adjustments on	the expense repor	at the completi	on of the trayel.			0 - =		
Employee Signature	ed neme	Date:	shalat		Total Stage			
Required Approvals - (Prior goravel):	Ά	Date	8.110.24	Borou	gh-directed training? Y	N		
Department Head: Budget Control:	(m	Date:	8/19/24		G	and the second s		
Chief of Staff/Mayor: 1 See A	one gignat			-	oursement provision wai	ved:(Initial)		
Distribution: White: Advance/Regist Pink and Blue: Initiating Departmen	ration payment G t, Copy to Payroll	reen: Purchasin	g Yellow and Go	oldenrod	: Accounts Payable Form Up	ndated on 3-7-16		

EMPLOYEE EXPENSE REPORT

	TA# <u>66061</u>	TRAVELER NAMESOOH COSS
	TRUE COnvening on Out Moyodion	DATES OF TRIP: 94-9064
	Travelers Check List - Below is a list of required document are due within 10 working days of your return).	tation to complete your travel expense report (Travel Expense Reports
	☐ Boarding Passes (if available) ☐ Itemized Hotel Receip	ot Taxi Receipts/Shuttle Receipts
	☐ Parking Receipts ☐ Rental Car Contracts/	Receipts
,	Confirmation of Flight Times: (Mark one)	
	My flights did not change from the itinerary or boarding	pass
	☐ My flights changed from the itinerary or boarding pass I	ist flight changes below for proper calculation of your per diem.
	Expense Summary	
	1. Transportation	\$
	2. Registration	<u>s -O-</u>
	3. # days x current Per Diem	<u>s 121.33</u>
	 Adjustment for meals (reduced on TA but not consured) 	ned) \$
	initially reduced for meals and you did NOT consum provided lunch, but I did not consume the meal- add	CONSUMED by the following Federal established amounts: \$21.00 Per the per diem calculator, if Per Diem was the meals, make an adjustment above. (I.e, the conference \$14.00 to line 4)
	5. Hotel	s_1000°
	6. Vehicle Rental/Taxi	s 4+·11.
	7. Other	\$
	Other	\$
	Other	\$
T	Total Expenses Paid by Employee	12010 108
	Less Advance Received	\$ 1150.51
	Amount Due Employee or (Owed) FNSB	2 14-11
	R.	FA # and org key/object code referenced. Attach receipt of payment to blicy
1	Under penalty of perjury, I certify that these are the true and action, and that I have complied with the IRS rules regarding per of receipts are attached.	tual expenses of the aforementioned trip that I have personally paid liem reductions, as noted in Expense Summary #4. All required
(Sout Cross	9/18/84
1	Employee Name (Print) Employee Sig	nature / / Date
ī	Department Head or Chief of Staff/Mayor	9-12-24
-	soperation read of Cities of Statistiayor()	Date

TRAVEL AUTHORIZATION

12 36

FAIRBANKS NORTH STA	AR BOROUGH P.O.	. Box 71267		1	The state of the s	90				
Department: Assembly TA# 25022 Amendment# Date: 8 19 2024										
Employee Dianna Fortcher Destination Anchorage										
Reason For Travels Statewide Convening on Out Migration										
Depart Fairbanks: Date 9584 Time *3:30000 Depart Destination: Date 964 Time 11:000000										
Arrive Destination: Date 9584	Time UBBAY	γ	rrive Fairbanks:	Date q	1104 rime* 12	59am				
Number of Days: 23	(Comments:	O Approve	di	avel					
Annual Leave Dates: Org Key/Object Code: 080509-01580										
* Include pre-flight and post-arrival time if you are traveling by air, as defined in the travel policy. Include per diem calculation.										
		ZED EXPE	ENDITURES	D.	Vendor Name	Vendor Number				
Check appropriate box for advance or reimbursement:	Estimated Costs (includes prior amendments)	AMENDED Variance Amt	The second secon	Date Paid	vendor Name	vendor-Number				
1.TRANSPORTATION pre-payment reimbursement	294:70				WellsFaroo	VW847953				
2. REGISTRATION pre-payment reimbursement	-0				ALA	ALU				
3. PER DIEM — Complete and attach Per Diem calculator noting meals consumption: advance reimbursement	99:47				buannah Flotche	×0000099				
4. HOTEL advance reimbursement	54.08			(Yavamah Reddr	er 2000 1009				
5. VEHICLE RENTAL/TAXI** advance reimbursement	100-	500		(àuannah Fletch	er etalecag				
6. OTHER *** advance reimbursement	50-			5	avamahFlotel	nerozowa				
TOTAL COST	1058.45				The second secon					
** If renting a vehicle, purchase liab	litt coverage and dec	line the collis	on damage cove	rage, unle	ess current conditions	warrant.				
*** Explanation of other costs: Exam	pple: Parking fees, interr	net fees)		To the second se		94-70+				
						99-67+				
EMPLOYEE ACKNOWLEDGEME	NT: I have read, und	lerstand and w	rill abide by the p	provisior ntation s		14-08+ 100-00+ a				
FNSB 2.24.221(D) requiring that wit deduction of the advanced amount fr	om my pay; and 3) Fr	NSB 2.24.231	requiring paybac	ck (reimi		50 - 00+				
should I resign my position with the	Borough prior to com	ipleting one ye	ear of service after	er the coi	11.	058 45*+ and				
the Borough Mayor or Chief of Staff I will make necessary adjustments or	. I understand that the	ne provided m it the completi	on of the travel.	be consu						
Employee Signature CAHOC	had Mem	Date:	VIIIII			0 - *				
Required Approvals – (Prior to travel):)	,		Mary	4				
Department Head:	M	Date:	8-19.24	Borou	gh-directed training? Y	N				
Budget Control: See Abov	ve signature			Reim	bursement provision wai	ved:(lnitial)				
Chief of Staff/Mayor: See Floor Distribution: White: Advance/Regis			g Yellow and G							
Pink and Blue: Initiating Departme	nt, Copy to Payroll		,		Form Up	dated on 3-7-16				

FAIRBANKS NORTH STAR BOROUGH EMPLOYEE EXPENSE REPORT

13926

<u>45022</u>		TRAVE	LER NAME	Samon	ah Hotch	or
refer Convening or	autmigration)	OF TRUE:		184)	U
<u>Travelers Check List</u> - Below is are due within 10 working days of	a list of required documentally your return).	tion to com	plete your trave	el expense report	(Travel Expense Rep	orts
■ Boarding Passes (if available)	Itemized Hotel Receipt		☐ Taxi Rece	eipts/Shuttle Rece	eipts	
☐ Parking Receipts	☐ Rental Car Contracts/Re	eceipts		for other expense	-	
Confirmation of Flight Times: My flights did not change from	om the itinerary or boarding p					
☐ My flights changed from the	itinerary or boarding pass Li	st flight cha	nges below for	proper calculatio	n of your per diem.	
Expense Summary					* * * *	7
1. Transportation		œ .	A			
2. Registration		\$	D			
3. # days x current Per	Diem	s 9	q.47	a o at	,	•
 Adjustment for meals (red 	uced on TA but not consume	ed) \$	10-1	preaktast ce from origin	nsumed a red	ucc
initially reduced for meals		\$21.00 Po	er the per diem			,
Other		\$	<u> </u>			
Total Expenses Paid by Employee Less Advance Received Amount Due Employee or (Owed) F Submit all amounts due FNSB to the this report. To be prepared in accorde	Collections Office with TA	\$	33.75 13.75 10 -	referenced, Attac	ch receipt of paymen	ıt to
Under penalty of perjury, I certify the for, and that I have complied with the receipts are attached.	it these are the true and actual RS rules regarding per die	al expenses m reduction	of the aforemer s, as noted in E	ntioned trip that I expense Summary	have personally paid #4. All required	i
Savamah Ho-kho! Employee Name (Print)	Employee Signa	ture	9/18	Date		à
Department Head or Chief of Staff/Ma	ly .	-	9-10	Date		ુ પ્ર

TRAVEL AUTHORIZATION								
FAIRBANKS NORTH STAR BOROUGH P.O. Box 71267 FAIRBANKS, AK 99707-1267 (907) 459-1000								
artment: ASSEMBLU T	/	mendment#	Date	10/2	3/24	14 of 26		
Imployee: Mirall Q'Alfall	Destina	tion: VICTOV	a BC La	naio				
Reason For Travel: PRINTING	HOLO W	auldina	Social Co	nes'	ion Untere	nce		
Depart Fairbanks: Date 069 04	Time * 1550	\sim	Depart Destination	ı: Date	1/1/24 time 11:6	ofam		
Arrive Destination: Date	Time <u>10:3101</u>	p	Arrive Fairbanks:	Date 1	1/24 Time* 96	Han)		
Number of Days: 3. LOLO		Comments:	be Allox	ba	1 memo) i		
Annual Leave Dates:		Org Key/Obj		by	4-12158)		
* Include pre-flight and post-arrival				vel policy	7. Include per diem cal	culation.		
Check appropriate box for	AUTHO Estimated	RIZED EXP	ENDITURES	Date	Vendor Name	Vendor Number		
advance or reimbursement:	Costs (includes prior amendments)	AMENDED Variance Am	TA DETAIL t. Total Cost	Paid	Y SINCE HIME	· ·		
1.TRANSPORTATION						١.,		
pre-payment reimbursement	D				411	NA		
2. REGISTRATION pre-payment reimbursement	0			2	NA	NA		
3. PER DIEM — Complete and attach Per	77		•			0		
Diem calculator noting meals consumption: advance reimbursement	806.33				Mindu O'Neal	5179		
4. HOTEL advance reimbursement	0				ATA	NA		
5. VEHICLE RENTAL/TAXI** advance reimbursement	100-				Mindu D'Neall	5179		
6. OTHER ***					, V 1			
advance reimbursement TOTAL COST	50-				MACHO NOTON	15174		
TOTAL COST	3510.00							
** If renting a vehicle, purchase Habi *** Explanation of other costs:			on damage cover	age, unle	ess current conditions v	varrant.		
(Examp	ole: Parking fees, in	ternet fees)						
EMPLOYEE ACKNOWLEDGEMENT: I have read, understand and will abide by the provisions of: 1) FNSB Travel Policy 35.01; 2) FNSB 2.24.221(D) requiring that within 10 working days of my return, I submit documentation substantiating this travel or be subject to a deduction of the advanced amount from my pay; and 3) FNSB 2.24.231 requiring payback (reimbursement) of associated training costs should I resign my position with the Borough prior to completing one year of service after the completion of the training, unless waived by the Borough Mayor or Chief of Staff. I understand that the provided meals expected to be consumed have reduced the per diem amount and I will make necessary adjustments on the expense report at the completion of the travel. Bmployee Signature:								
Required Approvals — (Prior to travel): Department Head:	Tue	My Date:	10/23/20	HBoroug	gh-directed training? Y	N		
Budget Control:		Date:	. ,					
Chief of Staff/Mayor:		Date:		Reimb	nsement provision waive	d:(Initial)		
BUTTER STREET			Wallow and Cal	donno d.	A accumts Davidhla			

Distribution: White: Advance/Registration payment Green: Purchasing Yellow and Goldenrod: Accounts Payable Pink and Blue: Initiating Department, Copy to Payroll Form U

Form Updated on 3-7-16

11	W	EMPLOYEE !	EXPENSE REPORT		1
TA# _	25059	1	TRAVELER NAME	Mindu O'NEall	
TRIP:	Strong CiteS 1	letwork	DATES OF TRIP: 1	129-4/124	
	ers Check List – Below is within 10 working days of		tion to complete your travel	expense report (Travel Expense Rep	orts
□ Boar	ding Passes (if available)	☐ Itemized Hotel Receipt	💆 Taxi Rece	ipts/Shuttle Receipts	
☐ Park	ing Receipts	☐ Rental Car Contracts/Re	eceipts 🗌 Receipts for	or other expenses claimed	-
Confirm	/ nation of Flight Times: (Mark one)			
-		m the itinerary or boarding	pass		
□ Му	flights changed from the	tinerary or boarding pass Li	ist flight changes below for	proper calculation of your per diem.	
Expe	nse Summary				4
1.	Transportation		\$_0	•	•
2.	Registration		\$, •	
3.	# days x current Per	Diem	\$ 000.33	it I tunch reduced from	O .
4.	Adjustment for meals (red	luced on TA but not consum	ned) \$	THE but not coroums	ad.
	Breakfast \$8.00 initially reduced for meals	Lunch \$14.00 Dinner	r \$21.00 Per the per diem the meals, make an adjustr	ving Federal established amounts: calculator, if Per Diem was nent above. (I.e, the conference	
5.	Hotel		\$		
6.	Vehicle Rental/Taxi		\$ <u>UX. QO</u>		
7.	Other		\$		
v	Other		\$		
•	Other		\$		
			200.41		
Total Ex	kpenses Paid by Employee		\$ 000	* , "	
	vance Reseived	·	\$ 200.41		
1 1	Due Employee or (Owed)		\$		
		ne Collections Office, with I dance with FNSB Travel Po		le referenced. Attach receipt of paym	ent to
for, and	enalty of perjury, I certify that I have complied with tare attached.	hat these are the true and ac he IRS rules regarding per o	tual expenses of the aforem	entioned trip that I have personally p Expense Summary #4. All required	oaid
Mind	LO NOTO	Ser Affach Bmployee Sig	d Mono	11/18/64 Date	4
	sul Just	Y Was		1112124	

	TRAY	EL AUTH	ORIZATION			1/
S NORTH ST	AR BOROUGH	P.O. Box 7126	7 FAIRBANKS,	AK 9970	7-1267 (907) 459-10	000
sembly 1	ГА#	mendment#_	Da	te:[C	117104	26
pavid Guttenlee	Destin	ation: Ann	rage, AK)			
on For Travel MAY AML	Arnual Loc	al Gover	mment C	onter	rence)	
epart Fairbanks: Date 8894	Travel Time		Donard Dartiantia		alabel as	30an7
rrive Destination: Date 2004	- FAYOV	n	Depart Destinatio	m: Date1	Thime Ori	
Trive Destination: Date (A)(VA)	Time OHVI	Ц	Arrive Fairbanks:	Date.	1334 Time* 48	34 am
umber of Days: 5.00		Comments:				
nnual Leave Dates:	,	Org Key/O	bject Code:	FQ-1	OBRA	
Include pre-flight and post-arrival	time if you are tra			vel polic	y. Include per diem cal	culation.
heck appropriate box for	AUTHO	RIZED EX	PENDITURES	Web Live		
lvance or reimbursement:	Estimated Costs	AMENDE	D TA DETAIL	Date Paid	Vendor Name	Vendor Number
	(includes prior amendments)	Variance A				
TRANSPORTATION pre-payment	ah 1 Na					
reimbursement	334 - 01				Wells Favad	N1)847972
REGISTRATION pre-payment		1		,		
reimbursement	999-				WellsFarao	W847953
PER DIEM — Complete and attach Per m calculator noting meals consumption:	1 22				0	
advance V reimbursement	a54空			Ċ	DavidGuttonbor	h (2098
HOTEL advance	on 40				15.11	INNO
reimbursement VEHICLE RENTAL/TAXI**	1910			(YavaGuttenhon	g ceceso
advance reimbursement	100-			7	Mid Guttente	10098
OTHER ***	TED -				La de la	14000
reimbursement V	00	*		C	Savid Guttenbe	a 4048
	3150.80)·				J
If renting a vehicle, purchase liability Explanation of other costs:	ty overage and d	ecline the colli	sion damage covera	age, unle	ss current conditions w	arrant.
	le: Parking fees, int	ernet fees)				
PLOYEE ACKNOWLEDGEMEN	T: I have read in	nderstand and x	will shide by the no	orrigions	of 1) DATED Thousand Da	25.01.0
3D 2.24.221(D) requiring that with	in 10 working day	s of my return.	I submit document	ation sul	stantiating this travel	r he cubiect to a
uction of the advanced amount from	orough prior to co	mpleting one v	ear of service after	the com	letion of the training	unless mairred by
botough Mayor of Chief of Staff.	I understand that	the provided m	leals expected to be	consum	ed have reduced the pe	r diem amount and
11 make necessary adjustments on t	ne expense report	_ F	BINIO			
uired Approvals — (Prior to travel):	<u>unu</u>	MU Date:			The space of	4
artment Head:	Jul	My Date:	11-17-24	Barouel	n-directed training? Y	J
get Control:		Date:	10 . , - ,	Potori	r-meoren fammiki 1 1	۲
f of Staff/Mayor:		Date:		Reimbu	sement provision	
ribution: White: Advance/Registra	tion payment Gre		Yellow and Gold		sement provision waived	:(Initial)
and Blue: Initiating Department,	Copy to Payroll		,		Form Update	ed on 3-7-16

Form Updated on 3-7-16

FAIRBANKS NORTH STAR BOROUGH EMPLOYEE EXPENSE REPORT Travelets Check List - Below is a list of required documentation to complete your travel expense report (Travel Expense Reports are due within 10 working days of your return). Boarding Passes (if available) Itemized Hotel Receipt Taxi Receipts/Shuttle Receipts Parking Receipts Receipts for other expenses claimed ☐ Rental Car Contracts/Receipts Confirmation of Flight Times: (Mark one) My flights did not change from the itinerary or boarding pass My flights changed from the itinerary or boarding pass List flight changes below for proper calculation of your per diem. **Expense Summary** 1. Transportation 2. Registration 3. days x current Per Diem 4. Adjustment for meals (reduced on TA but not consumed) \$ IRS requires that your per diem be reduced for meals CONSUMED by the following Federal established amounts: Dinner \$21.00 Per the per diem calculator, if Per Diem was Lunch \$14.00 Breakfast \$8.00 initially reduced for meals and you did NOT consume the meals, make an adjustment above. (I.e, the conference provided lunch, but I did not consume the meal- add \$14.00 to line 47 5. 6. Vehicle Rental/Taxi 7. Other Other Other Total Expenses Paid by Employee Less Advance Received Amount Due Employee or (Owed) FNSB Submitall amounts due FNSB to the Collections Office, with TA # and org key/object code referenced. Attach receipt of payment to this report. To be prepared in accordance with FNSB Travel Policy Under penalty of perjury, I certify that these are the true and actual expenses of the aforementioned trip that I have personally paid for, and that I have complied with the IRS rules regarding per diem reductions, as noted in Expense Summary #4. All required receipts are attached.

Date

Department Head or Chief of Staff/Mayor

TRAVEL AUTI	HORIZATION			18 of					
FAIRBANKS NORTH STAR BOROUGH P.O. Box 71	267 FAIRBANKS, A	AK 99707	7-1267 (907) 459-100	00 ' 11					
Kirolana Mallin	Middle - Molle - Add								
Reason For Travel 2004 ADL UXOU COU	ECMIEVE	THE	27						
Travel Time Record:			Julial Di	thom					
Depart Fairbanks: Date A O Time * 3000	Depart Destination	n: Date	all of time	1011					
Arrive Destination: Date Arrive Time (1.0-1011)	Arrive Fairbanks:	Date 1	15/24 Time* 12:1	15an)					
Number of Days: 4:35 Commen	its:		· ·						
Annual Leave Dates: Org Key	/Object Code: <u>06</u> 0	554	-101080						
* Include pre-flight and post-arrival time if you are traveling by ai		vel policy	y. Include per diem cale	oulation.					
Check appropriate box for Estimated	XPENDITURES	Date	Vendor Name	Vendor Number					
	DED TA DETAIL Amt. Total Cost	Paid							
1.TRANSPORTATION pre-payment reimbursement			11 Alstava	W847957					
2. REGISTRATION			11 6						
pro-payment Y 3-45			WellStarco	W8445					
3. PER DIEM — Complete and attach Per Diem calculator noting meals consumption:			1 1 11	inless					
advance M M M 1		0	Knslan Kellu	WIDI					
4. HOTEL advance reimbursement		(Kirstantalax	ω					
5. VEHICLE RENTAL/TAXI** advance reimbursement			Krishnkallt	(010)					
6. OTHER ***			Kaclan Kala	10/101					
TOTAL COST		-	DYISICU PROUL	will					
** If renting a vehicle, purchase liability coverage and decline the co	pollision demage cover	rage unle	es current conditions y	J					
*** Explanation of other costs:	omsion damage cover	age, unic							
(Example: Parking fees, internet fees)				Sun in					
EMPLOYEE ACKNOWLEDGEMENT: I have read, understand a				345 000 193 671					
FNSB 2.24.221(D) requiring that within 10 working days of my ret deduction of the advanced amount from my pay; and 3) FNSB 2.24				256 488					
should I resign my position with the Borough prior to completing of	ne year of service after	r the com	1	100 000					
the Borough Mayor or Chief of Staff. I understand that the provide I will make necessary adjustments on the expense report at the com		e consum	1	50 (11)					
Employee Signature: Death of the expense report at the confi	ate: 111664-		ı	185 55.4					
Required Approvals - (Prior to travel):	1 1 01:		Manager, and a second of the s	4					
Toda Ada	ate: 1178-24	Boroug	gh-directed training? Y	N					
Las Alane Cianalana	ate: 11 1 (6) (9			.4. 71-12-18					
Chief of Statismayor:	ate:		ursement provision waive	d:(Initial)					
Distribution: White: Advance/Registration payment Green: Purcha Pink and Blue: Initiating Department, Copy to Payroll	asing renow and Go	.uenroa:		nted on 3-7-16					

	10.00	EMPLOYE	E EXPENS	E REPORT		
	an Yox				1/201-1-	I/M.
/(to Imilala	in	TRAVE	LER NAM	EMSON	PELLIA.
TRUP	MICHINILL	THU.	DATES	OF TRIP:	12111-121	101014
Travele are due	ers Check List – Below is within 10 working days of	a list of required documer your return).	ntation to com	plete your trav	el expense report	(Travel Expense Repor
□ Boar	ding Passes (if available)	Itemized Hotel Recei	ipt	☐ Taxi Req	ceipts/Shuttle Rec	eipts
	ng Receipts	☐ Rental Car Contracts	/Receipts		for other expense	
Confirm	nation of Flight Times: (Mark one)				
_ □ Mys	flights did not change fro	m the itinerary or boardin	o nape			
	flights changed from the i			nges below for	r proper calculation	on of your per diem.
	se Summary				•	4
1.	Transportation		e	-	*93 app	hed to
2.	Registration		Ф	0	Wells'F	arao cara
3. #	days x current Per I	Diem	\$ 2	19.33	LOGO	dated.
	Adjustment for meals (redu		med) ¢		of of	liero
I E ii	RS requires that your per of Breakfast \$8.00 La nitially reduced for meals a rovided lunch, but I did no	liem be reduced for meals unch \$14.00 Dinne	CONSUMEI	a me ber mem	ving Federal estab calculator, if Per nent above. (I.e, 1	lished amounts: Diem was the conference
5. H	lotel	and mour add	\$14.00 to tine	40.40		
6. V	ehicle Rental/Taxi		\$ -	7		
7. O	ther		· 4	7		1
O	ther		6			
Q	ther		\$ (-		· ,
Total Expe	nses Paid by Employee		(1)	\$.81)		
	ce Received		.\$	0.15		
	ie Employee or (Owed) FN	iop .	\$ 70	1000		
Submitall a	mounts due ENED to the		\$_ <u>NO</u>	<u>uco</u>		
this report.	amounts due FNSB to the (To be prepared in accordan	ce with FNSB Travel Pol	'A # and org ke licy	ey/object code	referenced. Attac	h receipt of payment to
Under penal for, and that receipts are	ty of perjury, I certify that I have complied with the lattached.	these are the true and act RS rules regarding per di	ual expenses o em reductions	of the aforement, as noted in E	ntioned trip that I in Expense Summary	have personally paid #4. All required
Knsto	in Kalles	(See AH	ached		Klok	4
Employee N	ame (Print)	Employee Sign	ature		Date	V

	TRAV	EL AUTHO	RIZATION			
FAIRBANKS NORTH STA	AR BOROUGH I	P.O. Box 71267	FAIRBANKS, A	K 99707	1267 (907) 459-100	2
tmost ASSEMBLE T	A#A	mendment#	Dat	a: 119	NDAP_	* /
syee SCOT Crass	Destina	tion: ANCY	morage,	43		d
n For Travel: ACOTS	4 ter	EXCIO	ngey			
t Fairbanks: Date 18805	Travel Tim	e Record:	Depart Destination	n: Date	30/85 _{ime} 7.5	9pm
Destination: Date	Time (1:150)		Arrive Fairbanks:	Date	30/25 Time* 10	olom
er of Days		Comments:		. 1		•
al Leave Dates:	, '	Org Key/Ob	ject Code:)h5	9-6158C)
:lude pre-flight and post-arrival	time if you are tra	veling by air, as	s defined in the tra	vel policy	7. Include per diem cal	culation.
		RIZED EXE	ENDITURES	T	T - vr - 1 - 2 v	
t appropriate box for ice or reimbursement:	Estimated Costs		O TA DETAIL	Date Paid	Vendor Name	Vendor Number
	(includes prior amendments)	Variance An	nt. Total Cost			
ANSPORTATION pre-payment reimbursement	345.10				Welstarop	VW8479BF
GISTRATION	A	\	1		1110	11/0
pre-payment reimbursement	4				NH	NTT
R DIEM - Complete and attach Per leulator noting meals consumption:	luah				11000	12100
advance reimbursement					2201 (100SZ	0447
TEL advance reimbursement	378.50)		(2300than	10497
HICLE RENTAL/TAXI**	IBV			(22 - 110	10100
advance reimbursement	100-			_	MOTURALS	1144
HER *** advance reimbursement	150-			(Rad Crass	W497
L COST	103/0-Ley	2	١.			
enting a vehicle, purchase liahi	by pyprage and	ecline the colli	sion damage cover	rage, unle	ess current conditions v	varrant.
xplanation of other costs:	ple: Parking fees, in	ternet fees)				
OYEE ACKNOWLEDGEME	NT: I have read, u	inderstand and	will abide by the p	rovisions	of: 1) FNSB Travel Po	olicy 35.01; 2)
2.24.221(D) requiring that with tion of the advanced amount fro	hin 10 working da	ys of my return	, I submit documen	itation su	bstantiating this travel	or be subject to a
1 I resign my position with the I	Borough prior to co	ompleting one	year of service afte	r the com	pletion of the training,	unless waived by
rough Mayor or Chief of Staff. make necessary adjustments on	I understand that	t the provided n	neals expected to b	e consun	ned have reduced the p	er diem amount and
yee Signature:	ochedi	Date:	119/85	-		
ed Approvals - (Prior to travel):	1	<u>-</u>			**************************************	à
ment Head:	Juakle	Date:	1-9-2025	Boroug	gh-directed training? Y	N
t Control:		Date:	•			
of Staff/Mayor:		Date:		•	ursement provision waive	d:(Initial)
oution: White: Advance/Registrand Blue: Initiating Department		reen: Purchasin	g Yellow and Go	ldenrod:	Accounts Payable Form Upda	ated on 3-7-16

1	6	EMPLOYEE EX	PENSE REPORT	JOGII	
TA# <u><</u>	25084	TR	AVELER NAME	Scott Crass	1
TRIP	AKDOT UPF F	eer Exchange DA	TES OF TRIP:	08-1/30/2025	
	ers Check List – Below is within 10 working days of		to complete your travel	expense report (Travel Expense Re	ports
□ Boar	rding Passes (if available)	Itemized Hotel Receipt	Taxi Rece	ipts/Shuttle Receipts	
☐ Park	ing Receipts	☐ Rental Car Contracts/Recei	pts 🔲 Receipts f	or other expenses claimed	5
Confir	mation of Flight Times:	(Mark one)			
W My	flights did not change fro	om the itinerary or boarding pass			
□ M _y	flights changed from the	itinerary or boarding pass List fl	ight changes below for	proper calculation of your per diem.	3
Expe	nse Summary		44.54.		
1.	Transportation		\$		•
2.	Registration	•	\$	a - adalad and	MΩM
3.	# days x current Per	Diem	s 45 x	rSee updated per d	CIII
4.	Adjustment for meals (re-	duced on TA but not consumed)	\$	a way sugar	
5.	Breakfast \$8.00 initially reduced for meal		1.00 Per the per diem meals, make an adjustr	ving Federal established amounts: a calculator, if Per Diem was nent above. (I.e, the conference	
6.	Vehicle Rental/Taxi		\$ 34.50		
7.	Other		\$		
47	Other		\$		
	Other		\$	· · · ·	
	xpenses Paid by Employee		1008.08	2 1	
	lvance Received		\$ 341,00	•	
,	Due Employee or (Owed)		\$ <u> </u>		
		he Collections Office, with TA # rdance with FNSB Travel Policy		le referenced. Attach receipt of payn	ient to
for, and				entioned trip that I have personally p Expense Summary #4. All required	
800	+ Cross ee Name (Print)	Sec Hach	ed.	2,725 Date	149
Cop	ul Tucke	'4	c c	2/7/25	
Departn	ent Head or Chief of Staff	avia à Ol		Date	

	TRAV	ELAUTHO	RIZATION		and the second s		
FAIRBANKS NORTH STA	R BOROUGH P	O. Box 71267	FAIRBANKS, A	AK 99707	1267 (907) 459-100)0	1
rtment: ASSEMBLY T.	A# Aı	mendment#	Dat	e: <u> a </u>	19092 19092	<i>e</i>	1
ployee: Divid Tuttenb	Destinat	tion:	Olf Ath	001	•		Ĺ
ison For Travel ANIC accept) LEVISIO	thic L	onterent		1 1	_	
part Fairbanks: Date 1485	ime * 7:000	m)	Depart Destination	n: Date	1000.73	38am)	
ive Destination: Date 11 157	Time 12:54		Arrive Fairbanks:	Date	3 25 rime* 12:1	Deron	
mber of Days: 4.U.	-	Comments:	a //n		1.150		
nual Leave Dates:		Org Key/Ob	ject Code: COO	504.	11680		••
Include pre-flight and post-arrival		The same of the sa	defined in the tra	the state of the state of the state of the state of	The transfer of the second second	culation.	75
eck appropriate box for	Estimated	KIZINDINAF	enditures	Date	Vendor Name	Vendor Number	100
vance or reimbursement:	Costs (includes prior amendments)	AMENDEI Variance An	O TA DETAIL nt. Total Cost	Paid		0	
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reimbursement	858-				welstougo	VW84745C	
REGISTRATION pre-payment reimbursement	250-				UNISTATO	VW84795	7
PER DIEM - Complete and attach Per	0,00	,			raisis Je		_
advance reimbursement	21533				David Gudtenber	a 4098	
HOTEL advance reimbursement	1454.64	•			David Guttenta	n 10098	
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FAIRBANKS NORTH STAR BOROUGH EMPLOYEE EXPENSE REPORT TRAVELER NAM DATES OF TRIP: Q Travelers Check List - Below is a list of required documentation to complete your travel expense report (Travel Expense Reports are due within 10 working days of your return). Taxi Receipts/Shuttle Receipts ☑ Boarding Passes (if available) M Itemized Hotel Receipt ☐ Parking Receipts ☐ Rental Car Contracts/Receipts Receipts for other expenses claimed Confirmation of Flight Times: (Mark one) My flights did not change from the itinerary or boarding pass ☐ My flights changed from the itinerary or boarding pass List flight changes below for proper calculation of your per diem. **Expense Summary** Transportation 1. 2. Registration 3. ___ days x current Per Diem 4. Adjustment for meals (reduced on TA but not consumed) \$ IRS requires that your per diem be reduced for meals CONSUMED by the following For Breakfast \$8.00 Lunch \$14.00 Dinner \$21.00 Per the per diem calcu Dinner \$21.00 Per the per diem calculator, if Per Diem was initially reduced for meals and you did NOT consume the meals, make an adjustment above. (I.e, the conference provided lunch, but I did not consume the meal- add \$14.00 to line 5. Hotel 6. Vehicle Rental/Taxi 7. Other Other Other Total Expenses Paid by Employee Less Advance Received Amount Due Employee or (Owed) FNSB Submit all amounts due FNSB to the Collections Office, with TA # and org key/object code referenced. Attach receipt of payment to this report. To be prepared in accordance with FNSB Travel Policy

Under penalty of perjury, I certify that these are the true and actual expenses of the aforementioned trip that I have personally paid for, and that I have complied with the IRS rules regarding per diem reductions, as noted in Expense Summary #4. All required receipts are attached.

David Glut Employee Name (Print)

Employee Signature

Date

Department Head or Chief of Staff/May/or

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istribution: White: Advance/Registration payment Green: Purchasing Yellow and Goldenrod: Accounts Payable ink and Blue: Initiating Department, Copy to Payroll Form Updated on 3-7-16

FAIRBANKS NORTH STAR BOROUGH EMPLOYEE EXPENSE REPORT Travelers Check List - Below is a list of required documentation to complete your travel expense report (Travel Expense Reports are due within 10 working days of your return). ☐ Boarding Passes (if available) Itemized Hotel Receipt ▼ Taxi Receipts/Shuttle Receipts ☐ Parking Receipts ☐ Rental Car Contracts/Receipts ☐ Receipts for other expenses claimed Confirmation of Flight Times: (Mark one) My flights did not change from the itinerary or boarding pass My flights changed from the itinerary or boarding pass List flight changes below for proper calculation of your per diem. **Expense Summary** 1. Transportation 2. Registration 3. # days x current Per Diem 4. Adjustment for meals (reduced on TA but not consumed) \$ IRS requires that your per diem be reduced for meals CONSUMED by the following Federal established amounts: Dinner \$21.00 Per the per diem calculator, if Per Diem was Breakfast \$8.00 Lunch \$14.00 initially reduced for meals and you did NOT consume the meals, make an adjustment above. (I.e, the conference provided lunch, but I did not consume the meal- add \$14.00 to line 5. Hotel 6. Vehicle Rental/Taxi 7. Other Other Other Total Expenses Paid by Employee Less Advance Received Amount Due Employee or (Owed) FNSB Submit all amounts due FNSB to the Collections Office, with TA # and org key/object code referenced. Attach receipt of payment to this report. To be prepared in accordance with FNSB Travel Policy Under penalty of perjury, I certify that these are the true and actual expenses of the aforementioned trip that I have personally paid for, and that I have complied with the IRS rules regarding per diem reductions, as noted in Expense Summary #4. All required receipts are attached. Employee Name (Print) Employee Signature

Form Updated on 3-7-16

TRAVEL AUTHORIZATION

FAIRBANKS NORTH STA	R BOROUGH P.	.O. Box 71267	FAIRBANKS, A	AK 99707	7 ₋ 1267 (907) 459-10	00	
Department: ASSEMBLY T.	∱#An	nendment#	Date	e: <u> []</u>	85	700	6
Employee: VIVOU O'NOU	Destinati		au AK	00		. 2	6
Reason For Travel:	DO LEUS		WHELE X		1	_	
Depart Fairbanks: Date	ime * 11000		Depart Destination	n: Date	101,05 m. 70	3 <u>2</u> am	
Arrive Destination: Date 17-16-51	Fime 4:360	\mathcal{V}	Arrive Fairbanks:	Date (2)	0127me* 1'0	<u>Lonn</u>	
Number of Days: 4.55		Comments:			' '		
Annual Leave Dates:		Org Key/Obj	ject Code: <u>060</u>	550	1-01580		
* Include pre-flight and post-arrival					y. Include per diem cal	culation.	26.00
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advance or reimbursement:	Costs (includes prior amendments)	AMENDEL Variance An	O TA DETAIL nt. Total Cost	Date Paid	Vendor Name	Vendor Number	
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I will make necessary adjustments on t	he expense report a	at the completi	on of the travel.	_ `		8	
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TRAVEL AUTHORIZATION FAIRBANKS NORTH STAR BOROUGH P.O. Box 71267 FAIRBANKS, AK 99707-1267 (907) 459-1000

	1124118 AI	nendmentu	Dat	(1/18)	2024				
Employee David Gutten De	O Destinat	ium: June		1					
Reason For Travel: AML Worth	r leas la	tive Cor	Heerxe	,	- 2				
Depurt Fairbanks: Date 2/19/94 T	Trivel Time		15		180/14 mc 2:3	30m			
			•						
Arrive Destination: Date 1934	Arrive Destination: Date 2/19/24 time 12:41pm Arrive Fairbanks: Date 2/22/24 time 7:32pm								
Number of Days: Annual Leave Dates: Org Key/Object Code: 000559 - U1580									
Annual Leave Dates:									
 Include pre-flight and post-arrival t 	ime if you are tra	veling by air, a	s defined in the tra	vel policy	y. Include per diem cal	culation.			
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EMPLOYEE EXPENSE REPORT

2726

DATES OF TRIP: Travelers Check List Below is a list of required documentation to complete your travel expense report (Travel Expense Reports are due within 10 working days of your return). Boarding Passes (if available) M Itemized Hotel Receipt [] Taxi Receipts/Shuttle Receipts ☐ Receipts for other expenses claimed Parking Receipts Rental Car Contracts/Receipts Confirmation of Flight Times: (Mark one) My flights did not change from the itinerary or boarding pass [] My flights **changed** from the itinerary or boarding pass List flight changes below for proper calculation of your per diem. **Expense Summary** 1. Transportation 2. Registration 3. # days x current Per Diem 4. Adjustment for meals (reduced on TA but not consumed) \$ IRS requires that your per diem be reduced for meals CONSUMED by the following Federal established amounts: Breakfast \$8.00 Lunch \$14.00 Dinner \$21.00 Per the per diem calculator, if Per Diem was initially reduced for meals and you did NOT consume the meals, make an adjustment above. (i.e., the conference provided lunch, but I did not consume the meal- add \$14.00 to line 5. Hotel 6. Vehicle Rental/Taxi 7. Other Other Other Total Expenses Paid by Employee Less Advance Received Amount Due Employee or (Owed) FNSB Submit all amounts due FNSB to the Collections Office, with TA # and org key/object code referenced. Attach receipt of payment to this report. To be prepared in accordance with FNSB Travel Policy Under penalty of perjury, I certify that these are the true and actual expenses of the aforementioned trip that I have personally paid for, and that I have complied with the IRS rules regarding per diem reductions, as noted in Expense Summary #4. All required receipts are attached.

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