

# Shared Services Final TA Request & Trip Closure Checklist

**\*\*To ensure efficient processing submit no later than FIVE business days after the travel return date\*\***

**Submit as attachment: Include all post-trip receipts/documentation**

**To:** doa.ssoa.receipts@alaska.gov (use button at bottom of form when complete)

**Subject:** Receipts for [Name], [Dept#.TAPO#] (Example: Receipts for Jane Doe, 25.170000001)

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**Name:** \_\_\_\_\_

**TAPO#:** \_\_\_\_\_ (Found on the 2nd line of your e-Travel itinerary)

**Did you execute your itinerary as booked (including duration)?** Yes No

If No, explain:

**Cash advance received? (not common)**

Yes → EFT/Warrant or One-card If Yes: → Amount Received: \$ \_\_\_\_\_

No

**Prior approved personal deviation? →** Yes No

Please include personal deviation details (dates, locations, etc.):

Flight Itineraries

Hotel Invoice

Rental Car Invoice

Conference Receipts

Taxi receipts (*tips not reimbursable*)

\*One-card Receipts

Parking Receipts

Rental Car Fuel Receipts

Other Receipt Claims (*explain below*)

\*Non-Receipt Claims (*explain below*)

Relevant Emails or Pertinent Information

Map Print with Mileage (*only if requesting; add details below if required*)

Meals Provided? (*explain below*)

3rd Party Reimbursement Information

\*No single reimbursement without receipt may be greater than \$50, and total reimbursed amount without receipts may not exceed \$75.

\*All One-card charges require a receipt.

**Was your travel booked by SSoA and CTM (e-Travel) in accordance with your approved Travel Request?**

**\*Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(\*Only if required by your Dept)

***By submitting this form or any other request for reimbursement; the claimant certifies that the information transmitted to SSoA & supporting documentation constitutes a valid claim against the State of Alaska in accordance with current policy.***