

**DEPARTMENT OF HEALTH & SOCIAL SERVICES
DIVISION OF BEHAVIORAL HEALTH**

TRAVEL REIMBURSEMENT REQUEST – NON-EMPLOYEE

Air transportation must be purchased by the Consultant at the lowest airfare cost. In conformity with State of Alaska policy (AAM 60), travel must be accomplished by the most direct route and most efficient means. The State will not pay for excess costs, circuitous routes, delays or services/accommodations that are unnecessary or unjustified for travel to and from the training. The following shall be attached to the reimbursement form when submitted for payment:

- Final itinerary and airline boarding passes
- Itemized commercial lodging facility receipts
- Receipts for ground fare, parking and rental car
- Rental car agreement

Make Check Payable To: _____

Provider Agreement Number: _____

Address: _____

Phone: _____

Email: _____

Location/Date of Services: _____

Clients Seen: _____

Please check box & submit required documentation for each item you request reimbursement for.

- Final itinerary and airline boarding passes
 - Lodging receipt
 - Receipts for ground fare, parking and rental car
 - Rental car agreement
 - Total Amount RT Airfare: \$ _____
 - Lodging: \$ _____
 - Taxi/Ground Fare: \$ _____
 - Rental Car: \$ _____
 - Parking: \$ _____
 - Travel Stipend to Alaska: \$50 per hour
not to exceed 8 hours per day
(not to exceed 2 days per trip) \$ _____
 - In-State Travel Stipend: \$50 per hour
(not to exceed \$200 per day for travel further
than 25 miles from base lodging or place of
employment, whichever is less) \$ _____
- TOTAL REQUESTED: \$ _____**

Claimant certifies by signing that the facts contained on this form and supporting documents are correct and constitute a valid claim against the State of Alaska.

Signature

Date

DEADLINE FOR SUBMITTING RECEIPTS - Requests for Reimbursement with all supporting documents must be received at DBH within 30 days of the date of the training.

PLEASE MAIL FORM & RECEIPTS TO: Division of Behavioral Health 3601 C Street, Ste 934, Anchorage AK 99503 or fax to 907-269-8166.