

116-10037

Alaska State Legislature

Senator Lesil McGuire
Administrative Regulation Review



State Capitol
Juneau, Alaska 99801

TRAVEL REQUEST / AUTHORIZATION MEMO

NAME: Lesil McGuire will travel
from Juneau on 2-19-16
to Anchorage & return on 2-22-16
for the purpose of: Adm Reg Review

The specific meeting / business dates are: 2-20-16

- ☒ I will be booking online at www.alaskaairlines.com - see Accounting Intranet for instructions.
☐ I will be submitting travel receipts for reimbursement.
☐ I will need to rent a vehicle.

Requested by: [Signature] Signature

SUBMIT COMPLETED FORM TO SENATOR LESIL MCGUIRE

Travel ☒ approved ☐ disapproved
Car Rental ☒ approved ☐ disapproved

[Signature] Senator Lesil McGuire
Date 1/29/16

Charge to Account _____

*Reservations should be made at www.alaskaair.com. Send held reservation email *immediately* to LAA.Travel@akleg.gov for purchase. You will receive ticket purchase verification via email.
(Airline Booking Instructions are available on the Accounting Intranet Site)

Confirmation # _____ Issued through _____

Purpose of Travel: Admin & Permanent Fund Board meeting

Please let us know if you would like the detailed expenditure lines broken out for you by checking this box ☐

Travel Advance Requested: YES ☐ NO ☒

Please attach boarding passes & rental car receipts & return to LAA Accounting.

Return Form to: Joanna Bizzarro, LAA, State Capitol, Rm 3, Juneau, Alaska 99801-1182 (907) 465-6625 or Fax (907) 465-1772

ITINERARY

List each date in travel status and indicate where overnighed. Indicate which meals were included with your registration or conference fee. Meal allowances should not be claimed if you consumed a meal included in the fee.

1. On 2-19-16 I (will travel) (traveled) from: Juneau to: Anchorage

Date City City

at: AM/PM (Indicate time on official business)

(Check if meal was provided)

DATE	CITY/STATE	Breakfast	Lunch	Dinner	ACCOUNTING
					Lodge \$ Meals \$
I overnighed on <u>2-19</u>	in <u>Anchorage</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>110.88</u>
I overnighed on <u>2-20</u>	in <u>Anchorage</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>110.88</u>
I overnighed on <u>2-21</u>	in <u>Anchorage</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I overnighed on <u> </u>	in <u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I overnighed on <u> </u>	in <u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I overnighed on <u> </u>	in <u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I overnighed on <u> </u>	in <u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I returned to <u>Juneau</u>	on <u>2-22-16</u>	at <u>9:40</u>	Time	AM/PM	
Home Station	Date				
					TOTAL <u>221.76</u>

(Meals are prorated daily, and are determined by the time of day business travel begins and ends.)

- If a portion of this trip includes personal business, list dates of personal business:
(or complete form showing shortest time trip could have taken)
- Attach lodging receipts or check box to receive lodging per diem in lieu of receipt. ☐
- Check box if you wish to claim meal per diem only (no lodging expense incurred). ☐
- Check box if you wish to claim airfare and/or surface travel expenses only (no lodging or meal per diem). ☐

FINAL TRAVEL COSTS

1. Was this trip completed as stated above? YES ☒ NO ☐ If NO, note changes below. If YES, continue.

2. Airfare or Conference Fee reimbursement. Please attach boarding passes, purchase confirmation email, written quote, or conference fee receipt. **DO NOT** claim if ticket or fee was paid for by LAA or by personal mileage plan.

Airfare \$ Conference Fee \$

3. Taxi, Parking, Car Rental, Rental Car Gas receipts, should be itemized and receipts attached. (Items less than \$15 don't require a receipt but must be itemized.) Taxi Cab to airport 25.00 parking 90.00

4. Mileage: miles at Federal Rate. From: To:
Accounting Only > @

5. Business phone calls (attach itemized hotel bill showing phone charges). Calls to be reimbursed must be initialed.

Mail or Pouch Check to:

Name of Traveler (please print) ITSI/ MC GUIRE Date 2-23-16

Signature of Traveler [Signature]

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

Signature of Authorizer

Final Pmt \$ 336.76

TO: AP

FROM: Dist in

DRIVER: Mary Ann CAB#: 606

DATE: 2-19-16 AMT: 25-

907-586-1111

The hotel Captain Cook

1 of 1
February 22, 2016

939 W. 8th Ave Anchorage AK 99501
Phone: (907) 276-8000
Fax: (907) 343-2288
www.captaincook.com
reservations@captaincook.com

Reservation Number 780150

Send to **Lesli McGuire**
[REDACTED]
Anchorage, AK 99501

Phone 907-3518080

Guest Name **Lesli McGuire**
Company **Alaska State Senate**

Arrival Date
2/19/2016

Departure Date
2/21/2016

Room Information 1440 - Junior Suite

Bill To **McGuire, Lesli**
[REDACTED]
Anchorage, AK 99501
Phone [REDACTED]

Folio Number 1061433 - All Charges

Trans Date	Description		Voucher	Amount
2/19/2016	Valet Parking Charge	1440	59817	30.00
2/19/2016	Valet Parking Charge	1440	59819	30.00
2/19/2016	Government		cch-1440	98.00
2/19/2016	MOA Room Tax		cch-1440	11.88
	Total Charges			170.88

Payments				
2/20/2016	MasterCard	#####7468	819806440	0000514931
	Total Payments			-170.88

Balance Due: 0.00

"If you would like an Express Checkout please dial 0 for the Operator, Thank you and we hope you enjoyed your stay."

I have received the goods and / or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Guest Signature: _____

THANK YOU FOR STAYING AT THE HOTEL CAPTAIN COOK!

Preferred
HOTELS & RESORTS

The hotel Captain Cook

1 of 1
February 22, 2016

939 W. 5th Ave Anchorage AK 99501
Phone: (907) 278-8000
Fax: (907) 343-2288
www.captaincook.com
reservations@captaincook.com

Reservation Number 760150

Send to **Lesli McGuire**
[REDACTED]
Anchorage, AK 99501

Phone [REDACTED]

Guest Name **Lesli McGuire**
Company **Alaska State Senate**

Arrival Date
2/19/2016

Departure Date
2/21/2016

Room Information **1440 - Junior Suite**

Bill To **McGuire, Lesli**
1015 w 7th ave
Anchorage, AK 99501
Phone **907-3518060**

Folio Number 1061688 - All Charges

Trans Date	Description		Voucher	Amount	
2/20/2016	Valet Parking Charge	1440	59850	30.00	
2/20/2016	Government		cch-1440	99.00	
2/20/2016	MOA Room Tax		cch-1440	11.88	
	Total Charges			140.88	
Payments					
2/21/2016	MasterCard	#####7466	288110440	0000515278	-140.88
	Total Payments				-140.88
			Balance Due:		0.00

"If you would like an Express Checkout please dial 0 for the Operator, Thank you and we hope you enjoyed your stay."

I have received the goods and / or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Guest Signature: _____

THANK YOU FOR STAYING AT THE HOTEL CAPTAIN COOK!


Preferred
HOTELS & RESORTS

Purpose of Travel:

Admin & Permanent Fund Board Meeting on budget legislation

Legislative Affairs Agency
Travel Claim - 02/04/14

Please let us know if you would like the detailed expenditure lines broken out for you by checking this box ☐

Travel Advance Requested: YES ☐ NO ☒

Please attach boarding passes & rental car receipts & return to LAA Accounting.

Return Form to: Joanna Bizzarro, LAA, State Capitol, Rm 3, Juneau, Alaska 99801-1182 (907) 465-6625 or Fax (907) 465-1772

ITINERARY

List each date in travel status and indicate where overnights. Indicate which meals were included with your registration or conference fee. Meal allowances should not be claimed if you consumed a meal included in the fee.

1. On 2-19-16 I (will travel) (traveled) from: Juneau to: Anchorage
at: 7:37 AM/PM (indicate time on official business)

	DATE	in	CITY/STATE	(Check if meal was provided)			ACCOUNTING	
				Breakfast	Lunch	Dinner	Lodge \$	Meals \$
I overnights on	<u>2-19</u>		<u>Anchorage</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
I overnights on	<u>2-20</u>		<u>Anchorage</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
I overnights on				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
I overnights on				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
I overnights on				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
I overnights on				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
I overnights on				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
I returned to	<u>Juneau</u>		on <u>2-22-16</u>	at	<u>9:46</u>	<u>AM/PM</u>		
			Home Station		Time			
TOTAL								

(Meals are prorated daily, and are determined by the time of day business travel begins and ends.)

- If a portion of this trip includes personal business, list dates of personal business:
(or complete form showing shortest time trip could have taken)
- Attach lodging receipts or check box to receive lodging per diem in lieu of receipt.
- Check box if you wish to claim meal per diem only (no lodging expense incurred).
- Check box if you wish to claim airfare and/or surface travel expenses only (no lodging or meal per diem).

FINAL TRAVEL COSTS

1. Was this trip completed as stated above? YES ☒ NO ☐ If NO, note changes below. If YES, continue.

2. Airfare or Conference Fee reimbursement. Please attach boarding passes, purchase confirmation email, written quote, or conference fee receipt. **DO NOT** claim if ticket or fee was paid for by LAA or by personal mileage plan.

Airfare \$ _____ Conference Fee \$ _____

3. Taxi, Parking, Car Rental, Rental Car Gas receipts, should be itemized and receipts attached. (Items less than \$15 don't require a receipt but must be itemized.) Hotel Room 2 nights - Total \$11.76
See Documents attached

4. Mileage: _____ miles at Federal Rate. From: _____ To: _____
Accounting Only > _____ @ _____

5. Business phone calls (attach itemized hotel bill showing phone charges). **Calls to be reimbursed must be initialed.**

Mail or Pouch Check to: _____

Name of Traveler (please print) _____ Date _____

Signature of Traveler

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

Signature of Authorizer

Total

Less Advance

Final Pmt \$

Joanna Bizzarro

From: Trevor Gutierrez
Sent: Monday, February 22, 2016 4:30 PM
To: Joanna Bizzarro
Subject: FW: Scan from a Copier Capitol1stFloorMain
Attachments: DOC.PDF

Hello,

Thanks for everything here is Senator McGuire's hotel rooms from this past weekend, her current home is under construction that is why she had to stay at a hotel. Let me know if you have any questions.

-Trevor

-----Original Message-----

*From: postmaster@akleg.gov [mailto:postmaster@akleg.gov]
Sent: Monday, February 22, 2016 4:25 PM
To: Trevor Gutierrez <Trevor.Gutierrez@akleg.gov>
Subject: Scan from a Copier CapitolistFloorMain*

Please open the attached document. It was scanned and sent to you using a Xerox CapitolistFloorMain

Attachment File Type: PDF, Multi-Page

*WorkCentre Location: Capitol 1st Floor Main St
Device Name: CapitolistFloorMain
WorkCentre IP Address: 192.168.36.21
Device MAC Address: 9c:93:4e:04:ac:69*