

STAPLE RECEIPTS TO THE BACK

**SAMPLER TRAVEL CLAIM FOR REIMBURSEMENT
PACIFIC STATES MARINE FISHERIES COMMISSION**

1 NAME (Last, first, middle initial)	(Area Code) Contact Telephone Number	LAST 4 DIGITS of SOCIAL SECURITY NUMBER
MAILING ADDRESS (include ZIP code)	PROJECT NUMBER (REQUIRED)	PURPOSE OF TRAVEL (REQUIRED)

2 EXPENDITURES <i>If additional space is required, please continue on the back side of this form, recording name on the reverse.</i>													
DATES AND LOCATIONS						AMOUNTS CLAIMED							
DATE (mm/dd/yy) TIME (hr:min + am/pm) (a)	FROM CITY/STATE (b)	TO CITY/STATE (c)	LODGING PER DIEM (d)	PER DIEM (e)	PER DIEM DAYS (#) (f)	PERDIEM SUBTOTAL (g=e x f)	MILEAGE RATE (\$) (h)	# OF MILES (i)	SUBTOTAL (j = h x i)	AIRFARE PARKING, ETC. (k)	Misc. Exp. (attach receipts, deduct meals provided) EXPLAIN- postage, copying, etc. MISC (\$) (l)		TOTAL (m=d+g+j+k+l)
Date:							\$0.500						
Time:													
Date:							\$0.500						
Time:													
Date:							\$0.500						
Time:													
Date:							\$0.500						
Time:													
Date:							\$0.500						
Time:													
Date:							\$0.500						
Time:													
Date:							\$0.500						
Time:													
SUBTOTALS ABOVE													
SUBTOTALS FROM THE BACK													

3 TOTAL AMOUNT CLAIMED											
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4 I certify that this claim is true and correct to the best of my knowledge and belief.	5. This claim is certified correct and proper for payment.
	SUPERVISOR PRINT NAME ABOVE
Claimant Signature in INK _____ Date _____	Supervisor Signature in INK _____ Date _____
RECEIPTS ARE REQUIRED.	*For rates: www.gsa.gov/perdiem

DO NOT FAX THIS FORM

