STAPLE RECEIPTS TO THE BACK

LOCAL TRAVEL / MISCELLANEOUS EXPENSES
Pacific States Marine Fisheries Commission

Name:		**Contact Telephone #:**	
Street Address:		**Project / Job Number (Required):**	
City, State, Zip:			

Date	Description of Travel / Miscellaneous Expenses (Explain expenditures in specific detail and attach any receipts)	# of Miles	$0.500 per Mile =	Parking/Fares Tolls, Etc.	Other Expenses	TOTAL EXPENSES
	TOTALS					

SUPERVISOR PRINT NAME ABOVE

Date **Claimant Signature in INK**

I certify this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Date **Supervisor Signature in INK**

DO NOT FAX THIS FORM For locality rates see**:** http://www.gsa.gov/perdiem

Revised Jan2010 ek