

STAPLE RECEIPTS TO
THE BACK

TRAVEL VOUCHER

Pacific States Marine Fisheries Commission

LAST 4 DIGITS of SOCIAL SECURITY NUMBER	NAME (Last, First Middle Initial)
ADDRESS (Street, City, State Zip)	
PROJECT NAME	CONTACT TELEPHONE NUMBER
PROGRAM NUMBER (REQUIRED)	PURPOSE OF TRAVEL (REQUIRED)

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

EXPENSES BY DAY		A	B	C	D	E	F			
		Month/Day	Month/Day	Month/Day	Month/Day	Month/Day	Month/Day			
ITINERARY	F	City						TOTALS for Columns A through F		
	R	State								
	O	Time (am/pm)								
	M	City								
	T	State								
	O	Time (am/pm)								
Meals	Per Diem DAYS							1		
	Per Diem RATE									
	Meals (Actual) day trip only								2	
	Less meals provided or personal expense								3	
	Subtotal								4	
Lodging								5		
TOTAL PER DIEM								6		
POV	Mileage							7		
	\$ 0.500 Per Mile							8		
TRAVEL	Parking, Tolls, Etc.							9		
	AIRFARE							10		
	CAR RENTAL							11		
MISC.	ENTER TOTAL FROM ATTACHED LOCAL TRAVEL / MISC EXPENSE CLAIM FORM, IF ANY.							12		
		SUBTOTAL (Lines 6+8+9+10+11+12)					13			
		LESS MISC CREDIT (EXPLAIN)					14			
SIGNATURE OF CLAIMANT in INK _____ DATE _____ <i>I certify that this claim is true and correct to the best of my knowledge.</i>							14			
SUPERVISOR PRINT NAME ABOVE _____							15			
SIGNATURE OF SUPERVISOR in INK _____ DATE _____		BALANCE (13 minus 14) IF line 14 is greater than line 13, attach check made payable to PSMFC					15			

RECEIPTS REQUIRED (Except for meals) PLEASE STAPLE ALL RECEIPTS TO THE BACK OF THIS FORM. DO NOT FAX THIS FORM

For locality rates see: <http://www.gsa.gov/perdiem>

Revised Jan2010 ek