

STAPLE RECEIPTS TO
THE BACK

TRAVEL VOUCHER

Pacific States Marine Fisheries Commission

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

EXPENSES BY DAY			A	B	C	D	E	F	TOTALS for Columns A through F		
			Month/Day	Month/Day	Month/Day	Month/Day	Month/Day	Month/Day			
ITINERARY	F R O M	City									
		State									
		Time (am/pm)									
	T O	City									
		State									
		Time (am/pm)									
Meals	Per Diem DAYS									-	
	Per Diem RATE for meals										
	Daily Per Diem (DAYS x RATE)									1	
	Less meals provided (enter as negative amount)									2	
	Meals Allowance									3	
Lodging									4		
TOTAL PER DIEM									5		
POV	Mileage									-	
	\$ 0.580 Per Mile									6	
OTHER TRAVEL	Parking, Tolls, Etc.									7	
	AIRFARE									8	
	CAR RENTAL									9	
MISC. (Explain in box to right)									10		
							SUBTOTAL (Lines 5+6+7+8+9+10)		11		
							LESS MISC CREDIT (EXPLAIN)		12		
SIGNATURE OF CLAIMANT DATE <i>I certify that this claim is true and correct to the best of my knowledge.</i>									12		
APPROVER PRINTED NAME									12		
							BALANCE (11 minus 12)		13		
SIGNATURE OF APPROVER DATE							IF line 12 is greater than line 11, attach check made payable to PSMFC		13		

RECEIPTS REQUIRED (Except for meals). PLEASE STAPLE ALL RECEIPTS TO THE BACK OF THIS FORM.

For locality rates go to:

<http://www.gsa.gov/perdiem>

POV rate of \$0.580 effective January 1, 2019.
Previous rates apply for travel prior to effective date.

Revised 01.07.2019