

TRAVEL VOUCHER

Pacific States Marine Fisheries Commission - 205 SE Spokane St, Ste 100 - Portland, OR 97202

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	FROM	City							
		State							
		Time (am/pm)							
	TO	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								-
	\$ 0.655 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
SIGNATURE OF CLAIMANT _____ DATE _____ <i>I certify that this claim is true and correct to the best of my knowledge.</i>			LESS MISC CREDIT (EXPLAIN)						12
APPROVER PRINTED NAME _____									
SIGNATURE OF APPROVER _____ DATE _____			BALANCE (11 minus 12) 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 \$0.655 effective Jan 1, 2023
Previous rates apply for travel prior to effective date.