

TRAVEL VOUCHER**Pacific States Marine Fisheries Commission - 6720 S Macadam Ave. Ste. 200, Portland, OR 97219**

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									-
	\$ 0.70 Per Mile								6	
OTHER TRAVEL	Parking, Tolls, Etc.								7	
	AIRFARE								8	
	CAR RENTAL								9	
MISC. (Explain in box to right)								10		
SIGNATURE OF CLAIMANT DATE <i>I certify that this claim is true and correct to the best of my knowledge.</i>						SUBTOTAL (Lines 5+6+7+8+9+10)		11		
						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 \$0.70 effective Jan 1, 2025
Previous rates apply for travel prior to effective date.

Revised 11.01.2022