STAPLE RECEIPTS TO THE BACK

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 Month/Day	B Month/Day	C Month/Day	D Month/Day	E Month/Day	F Month/Day	TOTALS for Columns A through F	
ITINERARY	FROM City								
	FROM State								
	FROM Time (am/pm)								
	TO City								
	TO State								
	TO Time (am/pm)								
Meals	Per Diem DAYS							-	
	Per Diem RATE for meals								
	Daily Per Diem (DAYS x RATE)	0	0	0	0	0	0	1	$ 0.00
	Less meals provided (enter as negative amount)							2	$ 0.00
	Meals Allowance	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	3	$ 0.00
Lodging								4	$ 0.00
TOTAL PER DIEM		$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	5	$ 0.00
POV	Mileage							-	
	.76 Per Mile	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	6	$ 0.00
OTHER TRAVEL	Parking, Tolls, Etc.							7	$ 0.00
	AIRFARE							8	$ 0.00
	CAR RENTAL							9	$ 0.00
MISC. (Explain in box to right)								10	

	SUBTOTAL (Lines 5+6+7+8+9+10)	11 $ 0.00
	LESS MISC CREDIT (EXPLAIN)	12 Enter as a negative amount
SIGNATURE OF CLAIMANT DATE *I certify that this claim is true and correct to the best of my knowledge.*		
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 $ 0.00

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 $0.76 effective July 1, 2026
Previous rates apply for travel prior to effective date.

Revised 04/28/2026