

**INSTRUCTIONS FOR COMPLETING PSMFC
SAMPLER TRAVEL CLAIM FOR REIMBURSEMENT
(For use by Samplers and Observers)**

CLAIMANT INFORMATION

- a. Name: Enter full name of individual claiming reimbursement.
- b. Enter contact telephone number including area code.
- c. Enter the Last 4 digits of your social security number.
- c. Mailing Address: Enter complete mailing address including zip code for where the reimbursement is to be mailed.
- d. Project Number: Project number is required.
- e. Purpose of Travel: Enter reason and purpose for travel (e.g., "Attending meeting with John Brown of NMFS to discuss Marine Mammal regulations.") Stating your purpose of travel is required.

EXPENDITURES

- a. **Date/Time:** Enter date (mm/dd/yy) and time (hour:minutes + am/pm). If no date is entered, no per diem will be paid.
- b. **From City/State:** Enter city and state where travel began for that day.
- c. **To City/State:** Enter city and state where travel ended for that day.
- d. **Lodging Per Diem:** Enter actual expense of lodging **including** tax.
- e. **Per Diem:** Enter total per diem allowed for full day of travel status (see supervisor for proper amount or leave blank for PSMFC staff to complete).
- f. **Per Diem Days:** Enter amount of per diem allowed for that day (i.e., .75 or 1).
- g. **Per Diem Subtotal:** Multiply per diem times per diem days for total (e.g., \$39 x .75 = \$29.25).
- h. **Mileage Rate:** Mileage will be paid at the current GSA rate per mile. See <http://www.gsa.gov/> for current rates.
- i. **Number of Miles:** Enter round trip mileage using Privately Owned Vehicle (POV).
- j. **Subtotal:** Multiply number of miles times cents per mile.

k. Airfare, Parking, Etc.: Enter any parking, bus or cab fares, bridge tolls, etc. Receipts are required for these expenses. Staple receipts to back of claim.

l. Miscellaneous Expenses: Enter amount for miscellaneous purchases. Staple receipts to back of claim.

TOTAL AMOUNT CLAIMED: Total the subtotal boxes from the front and back of the form.

SIGNATURES AND DATE: Claim must be signed and dated in **INK** by the claimant and supervisor. Your supervisor must print and sign their name. Claim forms will be returned if unsigned or incomplete.

Faxed copies of travel claims will not be accepted. Reimbursements are made from original claims only.