

MID-ATLANTIC FISHERY MANAGEMENT COUNCIL

TRAVEL EXPENSE CLAIM FORM

See the following page for instructions.

1 NAME:			
<i>Enter the information in fields 2 – 7 exactly as it appears on the Travel Authorization.</i>			
2 FUNCTION:		3 TA NUMBER:	
4 LOCATION:		5 TRAVEL DATES:	
6 MEALS & INCIDENTALS PER DIEM:		7 LODGING PER DIEM:	

8 SIGNATURE

I hereby certify that the itemized expenses below were incurred only in the execution of official business authorized by the Council, that payment therefore has not been or will not be received from other sources, including Federal, State, or local governments, for compensation claimed above. **If submitting form electronically, your typed name serves as certification.**

SIGNATURE OF TRAVELER: _____ DATE _____

9 DEPART RESIDENCE	DATE:		TIME:	
10 RETURN TO RESIDENCE	DATE:		TIME:	

11 DAILY EXPENSES				12 TRAVEL EXPENSES	
DATE	MEALS & INCIDENTALS	LODGING (RATE AND TAXES)	DAILY TOTAL		
				PRIVATE VEHICLE MILES: <i>at \$0.67/mile:</i>	
				AIR/BUS/RAIL FARES:	
				TAXI/LIMO/SHUTTLE FARES:	
				RENTAL CAR:	
				PARKING:	
				ROAD TOLLS:	
				OTHER EXPENSES – TOTAL:	
				<i>List the type and amount of each expense in the Other category in the Explanations section below.</i>	
13 DAILY EXPENSE SUBTOTAL:				14 TRAVEL EXPENSE SUBTOTAL:	
				15 GRAND TOTAL:	
				<i>Total of daily and travel expense subtotals</i>	

16 EXPLANATIONS:

17 ATTACH ALL REQUIRED RECEIPTS.

18 RETURN COMPLETED FORM AND RECEIPTS WITHIN 60 DAYS OF TRAVEL TO:

EMAIL: kcollins1@mafmc.org

MAIL: Mid-Atlantic Fishery Management Council

FAX: (302) 674-5399

800 North State Street, Suite 201, Dover, DE 19901

MAFMC USE ONLY				
	VER BY	AMT VER	CK. #	DATE PAID
TRAVEL EXPENSES				
COMPENSATION	DAYS:			

Signature of Officer Authorizing Payment: _____ Date: _____

TRAVEL EXPENSE CLAIM FORM INSTRUCTIONS

Please see the complete "MAFMC Travel Guidelines" document (available at <http://www.mafmc.org/travel>) for additional details.

1. **NAME:** Enter your full name (or the name of the traveler).

IMPORTANT: The information required for fields 2 – 7 will be provided to each traveler in a Travel Authorization. Enter the information exactly as it appears on the Traveler Authorization.

2. **FUNCTION:** Enter the name of the meeting or function as it is listed on the TA.

3. **TA NUMBER:** Enter the TA number listed on the TA.

4. **LOCATION:** Enter the location (city and state) of the meeting or function as it is listed on the TA.

5. **TRAVEL DATES:** Enter the travel dates listed on the TA.

6. **MEALS & INCIDENTALS PER DIEM:** Enter the per diem rate for meals and incidentals listed on the TA.

7. **LODGING PER DIEM:** Enter the per diem rate for lodging listed on the TA.

8. **SIGNATURE:** Sign or type your name to verify the accuracy of the expenses listed on your claim form and to certify that you will not receive compensation for those expenses from any other sources.

9. **DEPART RESIDENCE:** Enter the date and time when you left your residence. If you voluntarily travel to a meeting location earlier than necessary, you should enter the date and time when you began official Council business.

10. **RETURN TO RESIDENCE:** Enter the date and time when you returned to your residence. If you return later than necessary, enter the date and time when your Council business concluded.

11. DAILY EXPENSES

- **DATE:** List the date (mm/dd/yy) of each travel day on a separate line.
- **MEALS AND INCIDENTALS:** For each travel day of 12 hours or more, enter the full M&IE per diem rate listed on your TA. For a travel day of less than 12 hours, multiply the M&IE per diem by 75% and enter that amount.
- **LODGING:** Enter the total cost of lodging (room rate plus tax) for each day. Please note that this amount may exceed the daily lodging per diem listed on your TA. You should enter the amount reflected on your hotel invoice. Do not include additional expenses such as room service, internet, phone, parking, etc.
- **DAILY TOTAL:** Add the expenses from the MEALS & INCIDENTALS and HOTEL columns and enter the total.

12. TRAVEL EXPENSES

- **PRIVATE VEHICLE MILES:** Enter the total number of miles driven in a privately owned vehicle (POV). Multiply this number by the GSA mileage rate listed on the form, and enter the amount in the field below. When two or more authorized travelers travel together in a POV, all travelers' names should be listed in the EXPLANATIONS section.
- **AIR/BUS/RAIL FARES:** Enter the total amount of air, rail, and/or bus fares. Please note that the Council does not reimburse early check in fees.
- **TAXI/LIMO/SHUTTLE:** Enter the total amount of taxi, limo, or shuttle fares.
- **RENTAL CAR:** Enter the total cost of the car rental, as it appears on the rental car agreement. Rental car self-fueling expenses should be listed as a separate line-item under OTHER EXPENSES.
- **PARKING:** Enter all parking charges, including all parking charged on your hotel bill.
- **ROAD TOLLS:** Enter the total cost of road or bridge tolls. Receipts are required if the total exceeds \$50.
- **OTHER EXPENSES:** Enter the total amount of all other/miscellaneous expenses. List the individual expenses in the EXPLANATIONS section.

13. **DAILY EXPENSE SUBTOTAL:** Add the expenses in the DAILY TOTAL column and enter the resulting subtotal.

14. **TRAVEL EXPENSE SUBTOTAL:** Add the expenses in the TRAVEL EXPENSES column and enter the resulting subtotal.

15. **GRAND TOTAL:** Add the DAILY EXPENSE SUBTOTAL and the TRAVEL EXPENSE SUBTOTAL and enter the final amount.

16. **EXPLANATIONS:** Use this space to provide any explanations or comments on your travel expenses.

17. **RECEIPTS:** Attach receipts for expenses exceeding \$50.00. Physical or scanned receipts are acceptable. See the Council's Travel Guidelines for more information about receipt requirements.

18. **RETURN** completed form and receipts within 60 days of travel to:

EMAIL:

kcollins1@mafmc.org

MAIL:

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FAX:

(302) 674-5399

Questions? Contact Kathy Collins, Operations Officer - kcollins1@mafmc.org, (302) 526-5253