

North Pacific Fishery Management Council

Dan Hull, Chairman
Chris Oliver, Executive Director



605 W. 4th Avenue, Suite 306
Anchorage, AK 99501-2252

Telephone (907) 271-2809

Fax (907) 271-2817

Visit our website: <http://www.npfmc.org/>

TRAVEL EXPENSE CLAIM

Claimant: _____

Mailing Address: _____

Purpose of Travel: _____ Period - mo/yr: _____

5. Date	6. Location	7. Expenses			8. Lodging Expenses (<i>must attach receipt</i>)
		Breakfast	Lunch	Dinner	

9. OTHER EXPENSES (Airfare, Taxi, Parking, Private car - miles @ \$.57.5 mile) ITEMIZE EACH
(PLEASE ENCLOSE A COPY OF PLANE TICKET and HOTEL BILL)

10. TOTAL TRAVEL EXPENSES _____
 LESS TRAVEL ADVANCE _____
 BALANCE _____

Claims must be filed within 30 days after travel is complete. Late claims may not be honored.

11. The above expenses were incurred by me while conducting official business for the North Pacific Fishery Management Council. No other claim will be filed for travel.

Signature of Claimant: _____ Date: _____

Claim Approved by: _____ Title: _____ Date: _____