



South Atlantic Fishery Management Council

4055 Faber Place Drive, Suite 201, North Charleston, SC 29405 • Phone 843.571.4366 • Fax 843.769.4520

Submit travel vouchers and receipts to cindy.chaya@safmc.net

Attachment B

TRAVEL ORDER

Traveler's Name _____ Travel Order # _____

Mailing Address _____

Meeting Attended _____

Meeting Location _____

Meeting Date(s) _____ First Day Start Time _____ Last Day End Time _____

Travel Expenses			
Date	Per Diem	Hotels (if traveler paid only)	Daily Total
Subtotal			

Transportation Fares

Mileage _____ X _____
Parking Fees & Tolls _____
Taxi & Shuttle Fares _____
Rental Car & Fuel _____
Baggage & Misc Airline Fees _____
Other Expenses (explain below) _____

Travel Total

Explanations:

If submitting form electronically, typed name serves as certification. I hereby certify that I attended this meeting and the above itemized expenses were incurred only in the execution of official business authorized by the Council and that these expenses are not reimbursable by any other source.

Signature of Traveler: _____

Date: _____

Instructions:

- If you would like staff to help, please give us a call at 843.571.4366
- Rental cars must be specifically authorized
- Receipts must be submitted for all expenses (except meals); incidentals cover all non-transportation related gratuities
- Any toll, cab, or parking charges lacking a receipt will be disallowed. EZ Pass statements will be accepted as a valid receipt for tolls
- Per Diem varies by location and will be listed for each meeting on the Travel Authorization
- Hotel claims in excess of negotiated rate will not be reimbursed without prior approval
- Meal claims in excess of the amount authorized will not be reimbursed
- **Vouchers must be submitted within 30 days from last day of travel via fax, US mail or email to cindy.chaya@safmc.net**

for office use only

Account # _____

Examined by: _____

Check #: _____

Approved by: _____

Date paid: _____