

ADVISORY COMMITTEE PER DIEM CLAIM FORM

NAME (PRINT) _____
MAILING ADDRESS _____
STREET ADDRESS _____
CITY _____ **STATE: AK ZIP** _____
SOCIAL SEC. # _____
AC NAME _____

COMPLETED FORM AND ORIGINAL RECEIPTS MUST BE MAILED WITHIN 5 DAYS OF YOUR RETURN HOME TO:

Alaska Dept. of Fish and Game
 Boards Support Section
 P.O. Box 25526
 Juneau, AK 99802

TRAVEL ADVANCE COMPUTATION

TENTATIVE DEPARTURE DATE/TIME: _____ RETURN DATE/TIME: _____
 TRAVEL ADVANCE CODING: _____ AMOUNT: \$ _____
 WARRANT #: _____ DATE: _____

FINAL COMPUTATION

WHICH MEETING DID YOU ATTEND?
 Board of Fisheries Advisory Committee
 Board of Game Joint Board Other _____

WHERE WAS THE MEETING HELD? (Community) _____

DEPARTED HOME: Date: _____ Time: _____ AM or PM

RETURNED HOME: Date: _____ Time: _____ AM or PM

HOW DID YOU PAY FOR LODGING?

- Out-of-pocket or with travel advance funds (HOTEL RECEIPT REQUIRED)
- Charged to state (PRIOR APPROVAL REQUIRED)
- Lodging expense not incurred

HOW DID YOU TRAVEL?

CAR/TRUCK BOAT/SNOWMOBILE PRIVATELY OWNED AIRCRAFT
 (PUT BEGINNING AND ENDING MILEAGE FROM THE VEHICLE ODOMETER)
 Mileage Begin: _____ End: _____ Total Miles: _____

STATE TRANSPORTATION REQUEST (STR) (ATTACH THE PINK AND YELLOW COPIES)
 TR #: _____ Date Issued: _____ Carrier: _____ Amount: \$ _____
 TR #: _____ Date Issued: _____ Carrier: _____ Amount: \$ _____

TRANSPORTATION PAYMENT ARRANGED BY BOARDS SUPPORT STAFF WITH STATE CTA ACCOUNT
 (ATTACH AIRLINE RECEIPT WITH ITINERARY AND/OR BOARDING PASSES)
 Travel Agency Used: _____ Amount: \$ _____

TAXI (RECEIPT REQUIRED) Fares: \$ _____ \$ _____ \$ _____ \$ _____

OFFICAL USE ONLY

Reference

PVN# _____

TA# _____

UDR# _____

MEALS: _____

LODGING: _____

MILEAGE: _____

TAXI: _____

OTHER: _____

SUBTOTAL: _____

LESS ADVANCE: _____

TOTAL CLAIM: _____

I CERTIFY THE FACTS STATED ABOVE TO BE TRUE AND CORRECT

AC MEMBER SIGNATURE: _____ **DATE:** _____

OFFICAL USE ONLY

BOARDS SUPPORT SECTION APPROVING OFFICER SIGNATURE	AMOUNT	CC	LC	ACCOUNT
	\$			
DIVISION APPROVAL	\$			
	\$			
DATE: _____ Batch#: _____ Date: _____	\$			

**ADVISORY COMMITTEE PER DIEM CLAIM FORM
INSTRUCTIONS FOR ADVISORY COMMITTEE MEMBERS**

Please complete only these portions of the form:

1. Print your name.
2. Fill in the address where you want your check to be mailed.
3. Include a physical home address.
4. Fill in your social security number. Without this number no check can be issued.
5. Fill in your advisory committee name.
6. **ONLY** for travel advance, indicate planned departure and return dates.
7. Write the type of meeting you attended.
8. Name the community where the meeting was held.
9. Enter the date and time you departed home to attend the meeting (circle AM or PM).
10. Enter the date and time you returned home from attending the meeting (circle AM or PM).
11. Indicate how the lodging was paid. Lodging receipts are required for reimbursement of out-of-pocket expenses or for documenting use of a travel advance.
12. Indicate how you traveled to and from the meeting. Current mileage rates will be used for reimbursement.
13. Enter taxi fares to and from the airport. For any taxi fare you must attach a receipt to the per diem claim form.
14. **MUST** sign and date the form for reimbursement.
15. Any expenses without a receipt attached to the form may be disputed for payment.
16. When traveling by air please attach your itinerary and/or boarding passes.

After completing the per diem claim form, return it to your advisory committee coordinator. If you or your committee have any questions, please contact your advisory committee coordinator.