

STAC Expense Reimbursement Voucher

Chesapeake Research Consortium
 645 Contees Wharf Rd
 Edgewater, MD 21037
 410-798-1283; Fax: 410-798-0816

Name & Address

Travel Start Date	Travel End Date	From (City, State)	Miles or Fares	Per Diem for Meals	Other	Total
Purpose of Trip: Destination (City, State):						
Purpose of Trip: Destination (City, State):						
Purpose of Trip: Destination (City, State):						
Purpose of Trip: Destination (City, State):						
Purpose of Trip: Destination (City, State):						Final Total:

Mileage will be reimbursed at 48.5 cents per mile. Per Diem rates for meal reimbursement (including first and last day reductions) can be found on the GSA website (www.gsa.gov) for the destination city; for meals not provided at meetings, insert amounts less than or equal to the city per diem rate. Please attach receipts for all additional items for which reimbursement is requested. Alcoholic beverages will not be reimbursed.

I hereby certify that expenses listed above were incurred by me on official business and include such expenses as were necessary in the conduct of this business.

I contributed _____ hours to STAC and/or Chesapeake Bay Program activities on the following dates: _____, _____, _____.

 Signature

 Date