CARIBBEAN FISHERY MANAGEMENT COUNCIL
TRAVEL VOUCHER FORM

Updated 08/05/2026

1. TRAVELER'S NAME:			
** Enter the information for Fields (2-7) exactly as it appears on the* ***Authorized Travel Order.***			
2. MEETING OR WORKSHOP NAME:		**5. TRAVEL ORDER NUMBER:**	
3. MEETING DATES:		**6. LODGING PER DIEM RATE:**	
4. LOCATION:		**7. M&IE PER DIEM RATE:**	

8. TRAVEL SCHEDULE:	**Airline and Flight Number**	**DATE**	**ARRIVAL TIME**	**DESTINATION CITY**
9. DEPART RESIDENCE				
10. FLIGHT				
11. FLIGHT				
12. RETURN TO RESIDENCE				
13. AIR, BUS AND/OR TRAIN FARES SUBTOTAL:				**$ -**

14. RIDESHARE (E.G., UBER, LYFT OR SIMILAR) AND SHUTTLE SERVICES.	
15. RIDESHARE OR SHUTTLE EXPENSE SUBTOTAL:	**$ -**

16. PER DIEM BREAKDOWN: See Item 12 of the approved Travel Order.

DATE	LODGING (Actual Room Rate)	MEALS AND INCIDENTAL EXPENSES (M&IE)	DAILY TOTAL
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
17. PER DIEM SUBTOTAL:			**$ -**

18. TRAVEL EXPENSES:

PR Privately Owned Vehicle (POV) $0.76 PER MILE	(GSA eff. rate 07/01/2026):
Total Miles:	-
Rental Car (Excluding Insurance)- **Prior Approval Required:**	-
Parking Fees (Receipt Required for Expenses Over $75.00)	-
Road Tolls:	-
Hotel Taxes & Allowable Fees: **(Submit an Itemized Lodging Receipt):**	-
Other Expenses- Total (Explain):	-
List the type and amount of each expense under ***"Other Expenses"*** *in the* ***Explanations/Remarks*** *section below.*	
19. TRAVEL EXPENSES SUBTOTAL:	**$ -**

20. GRAND TOTAL ($): (Total of air, bus and/or train fares, rideshare or shuttle expenses, per diem, and travel expenses)	**$**	**-**

21. EXPLANATIONS/REMARKS:

22. SIGNATURE

I hereby certify that I attended this meeting and that the above itemized expenses were incurred only in the execution of official business authorized by the Council and have not been claimed from another federal and/or state organization.

If submitting the form electronically, your typed name serves as your certification.

Signature of Traveler: _____ Date: _____

23. * ATTACH ALL REQUIRED RECEIPTS. *

24. RETURN COMPLETED FORM AND RECEIPTS WITHIN 30 DAYS OF TRAVEL TO:

EMAIL: vivian_ruizcamacho_cfmc@yahoo.com
mairizarry_cfmc@yahoo.com

MAIL: Caribbean Fishery Management Council
270 Muñoz Rivera Ave., Suite 401 San Juan, P.R. 00918-1903

	Rate	**DAYS**	**ACC. #**	**Total:**	**CFMC USE ONLY**					
Compensation:					**CHARGEABLE ACC. NO.**	**AMOUNT VERIFED**	**LESS: (T. ADVANCE)**	**TOTAL REIMBURSEMENT**	**VOUCHER NO.**	**DATE PAID**
Council Mbrs.COLA:										

Signature of Officer Authorizing Payment: _____ Date: _____

See the following page for instructions.

TRAVEL VOUCHER EXPENSE CLAIM FORM INSTRUCTIONS

For additional guidance, please refer to the complete CFMC Travel Guidelines, available at https://caribbeanfmc.com

CARIBBEAN FISHERY MANAGEMENT COUNCIL
TRAVEL VOUCHER FORM

Updated 08/05/2026

1. TRAVELER'S NAME: Enter your full name (or the name of the traveler).

IMPORTANT: *The information required for Fields (2-7) is provided in the Authorized Travel Order (TO).*
Enter the information exactly as it appears on the Travel Order.

2. MEETING NAME: Enter the name of the meeting or workshop as it is listed on the TO.
3. MEETING DATES: Enter the meeting dates listed on the TO.
4. LOCATION: Enter the location (city and state) of the meeting or workshop as it is listed on the TO.
5. TRAVEL ORDER NUMBER: Enter the TO number listed on the TO.
6. LODGING PER DIEM: Enter the per diem rate for lodging listed on the TO.
7. MEALS & INCIDENTAL EXPENSES (M&IE) PER DIEM: Enter the the meals and incidental expenses per diem rate listed on the TO.
8. TRAVEL SCHEDULE: Enter the flight itinerary, including airline and flight number, the date, departure and arrival time and the destination city.
9. DEPART RESIDENCE: Enter the date and time when you left your residence. If you voluntarily traveled to a meeting location earlier than necessary, you should enter the date and time when you began official Council business.
10. FLIGHT: Enter the departure time of the connecting flight, if applicable and previously authorized by the Executive Director.
11. FLIGHT: Enter the arrival time of the connecting flight, if applicable and previously authorized by the Executive Director.
12. 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.
13. AIR, BUS AND/OR TRAIN SUBTOTAL: Enter the total amount of airfare, bus and/or train fares. Please note that the Council does not reimburse early check-in fees.
14. RIDESHARE/TAXI/LIMO/SHUTTLE OR OTHER RIDE-HAILING SERVICE FARES: Enter the total amount paid for rideshare, taxi, limo, shuttle or other ride-hailing services fares. Receipts are required when the fare for a single trip exceeds $75.
15. RIDESHARE/TAXI/LIMO/SHUTTLE EXPENSE SUBTOTAL: Enter the total amount of all rideshare or other ride-hailing service fares reported in Field 14.
16. PER DIEM BREAKDOWN Refer to Item 12 (Special Provisions) of the approved Travel Order for the authorized lodging and M&IE amounts.
- **DATE:** Enter the date of each travel day on a separate line using the mm/dd/yy format.
- **LODGING:** Enter the lodging room rate for each day, as shown on your hotel invoice. Do not include additional expenses such as room service, internet, telephone charges, or parking. An itemized receipt is required for any expense exceeding $75.00.
- **MEALS AND INCIDENTAL EXPENSES (M&IE):** When travel lasts more than 12 hours but less than 24 hours, the traveler receives 75 percent of the applicable M&IE rate. Full travel days are reimbursed at 100 percent of the applicable M&IE rate. If a meal was as part of the conference registration fee, deduct the applicable meal amount. For referens, visit:https://www.travel.dod.mil/Travel-Transportation-Rates/Per-Diem/Per-
- **DAILY TOTAL:** Add the amounts in the M&IE and HOTEL columns. Enter the total and provide any necessary information in the EXPLANATIONS/REMARKS section.

17. DAILY EXPENSE SUBTOTAL: Add the amounts in the DAILY TOTAL column and enter the subtotal.
18. TRAVEL EXPENSES
- **PRIVATE VEHICLE MILES (POV):** Enter the total number of miles traveled in a privately owned vehicle (POV). Multiply the number of miles by the applicable mileage rate listed on the form and enter the amount in the field below. When two or more authorized travelers travel together in one POV, list the names of all travelers in the EXPLANATIONS/REMARKS section. Please click the link https://act.dtop.pr.gov/calculadora-de-millaje to calculate the miles traveled.
- **RENTAL CAR:** Enter the total cost of the rental car, as shown on the rental agreement. List rental-car fuel expenses separately under OTHER EXPENSES.
- **PARKING FEES:** Enter all parking charges, including parking charges shown on your hotel bill. A receipt is required for any individual expense exceeding $75.00.
- **ROAD TOLLS:** Enter the total cost of road and/or bridge tolls.
- **HOTEL TAXES & ALLOWABLE FEES:** Enter the total allowable hotel taxes and fees shown on the itemized lodging receipt. Do not include the nighty room rate in this field.
- **OTHER EXPENSES:** Enter the total amount of all other or miscellaneous expenses. List each individual expense in the EXPLANATIONS/REMARKS section.

19. TRAVEL EXPENSE SUBTOTAL: Add all amounts in the TRAVEL EXPENSES column and enter the subtotal.
20. GRAND TOTAL: Add the AIR, BUS, AND/OR TRAIN SUBTOTAL, RIDESHARE/TAXI/LIMO/SHUTTLE EXPENSE SUBTOTAL, DAILY PERDIEM EXPENSE SUBTOTAL, and TRAVEL EXPENSE SUBTOTAL. Enter the final amount.
21. EXPLANATIONS/REMARKS: Use this section to provide any explanations, details, or comments regarding your travel expenses.
22. SIGNATURE: Sign or type your name to verify the accuracy of the expenses listed on your claim form and certify that you will not receive reimbursement for these expenses from any other source.
23. RECEIPTS: Attach all required receipts. An itemized lodging receipt is required regardless of the amount. Receipts are also required for each authorized expense exceeding $75.00. Physical or scanned receipts are acceptable. See the CFMC Travel Guidelines Summary for additonal information regarding receipt requirements.
24. RETURN COMPLETED FORM AND RECEIPTS: Submit the completed form and all required receipts within 30 days after completing your travel:

EMAIL: vivian_ruizcamacho_cfmc@yahoo.com
mairizarry_cfmc@yahoo.com

Need Assistance? Contact: Vivian Ruiz , Accounting Technician
Maria de los A. Irizarry, Fiscal Officer

POSTAL ADDRESS Caribbean Fishery Management Council
270 Munoz Rivera Ave., Suite 401, San Juan, PR 00918-1903
vivian_ruizcamacho_cfmc@yahoo.com (787) 408-7473
mairizarry_cfmc@yahoo.com (787) 379-6053