TRAVEL AUTHORIZATION

STATE OF ALASKA

TRAVEL AUTHORIZATION NO.	DATE
11-6456	11/12/86

NAME OF TRAVELER	TITLE	SOCIAL SECURITY NUMBER
MELVIN C. SEIBEL	BIOMETRICIAN	532-36-2051

WARRANT MAILING ADDRESS	CITY	STATE	ZIP
PO BOX 20	DOUGLAS	AK	99824

DEPARTMENT	DIVISION	WORK STATION
FISH & GAME	COMM. FISH.	DOUGLAS

PURPOSE OF TRIP
ATTEND PACIFIC SALMON COMMISSION MEETING. (FUNDING BY PSC)
(NO ANNUAL LEAVE REQUESTED) REQUEST TRAVEL ADV. = $400

FINANCIAL CODING	ESTIMATED COSTS	TRANSPORTATION	PER DIEM	OTHER	TOTAL
8 71-110-11521 72311/72604		$ 500	$ 500	$ 150	$ 1,150

ITINERARY	FROM	DEPARTURE DATE	TO	RETURN DATE
	JUNEAU	11/15/86	VANCOUVER, B.C.	11/20/86

APPROVALS	DIVISION	DATE	DEPARTMENT	DATE	GOV. (out of State only)	DATE
	[signature]	11/6/86	[signature]	11.7.86		

ACTUAL COSTS

DATE	EXPLANATION	MILES X RATE	MILEAGE OR CASH FARE	PER DIEM	OTHER
1/16/86	2:00 PM DEPT JUNEAU VIA ALASKA AIR 8:30 PM ARR SEATTLE				
	9:00 PM DEPT SEATTLE VIA RENTAL CAR 12:00 MIDNITE ARR VANCOUVER RON-LF	1 X 80		80.	
1/17-20	VANCOUVER RON-LF	4 X 80		320.	
1/21	1:00 PM DEPT VANC. VIA RENTAL CAR 5:00 PM ARR SEATTLE RON-LF	1 X 80		80.	
1/22	8:30 AM DEPT SEATTLE VIA ALASKA AIR 10:30 AM ARR JUNEAU	1/2 X 80		40.	
	SUBTOTALS THIS PAGE			520.	

ENTERED DEC 12 1986

CLAIMANT'S CERTIFICATION: The facts stated herein or on supporting documents are correct and in accordance with established travel regulations, returned.

CLAIMANT'S SIGNATURE: Melvin C. Seibel

PAGE 1 OF PAGES

TOTAL ALL PAGES $ 520.00

TR/FV NO.	ISSUED TO	AMOUNT	DATE
TICKET PROVIDED BY PSC.			

LESS TRAVEL ADVANCE FW #70062564 $ 400.00

FINAL PAYMENT $ 120.00

REF	TYPE	NUMBER	AMOUNT	DATE	COMMENTS
1	PVN				
2					
3					
4					

FIN	AMOUNT	SY	CC	PGM	LC	ACCT	FY	NMR
1	120.00		1871	110	11521	72604		
2								
3								
4								

CERTIFICATION: I certify that the facts herein and on supporting documents are correct that this voucher constitutes a legal charge against funds and appropriations cited that sufficient funds are encumbered to pay this obligation or that there is a sufficient unencumbered balance in the appropriation cited to cover this obligation. I am aware that certifying false, inaccurate or misleading documents constitutes an unsworn falsification under AS 11.56.210.

CERTIFYING OFFICER'S PRINTED NAME	CERTIFYING OFFICER'S SIGNATURE	DATE

2-027 (Rev. 6-85)

03 Donna Schier 526-6150 (12/30/86)

(Exception to SF 1012 Approved GSA 2 82)

FORM CD-370 (11-85) (PRES BY DAO 204-1)

U S DEPARTMENT OF COMMERCE

TRAVEL VOUCHER

SECTION A—IDENTIFICATION

SOCIAL SECURITY NUMBER: 532 36 2051

NAME (Last): SEIBEL (First): MELVIN (Middle Initial): C.

BUREAU CODE: 14

CD-29 TRAVEL ORDER: 7-APB-28400

PURPOSE CODE: 1

DATES FOR TRAVEL EXPENSES — FROM: MO. 11 DAY 16 YEAR 86 — THRU: MO. 11 DAY 22 YEAR 86

TYPE CODE: 2 (Indicate one type only) 1-DOMESTIC TRAVEL—48; 2-FOREIGN TRAVEL; 3-TRANSFER-HOUSEHUNT; 4-TRANSFER-OTHER; 6-DOMESTIC TR-OTHER

RECLAIM AMT INCLUDED: $

ORGANIZATION: NMFS - Northwest Region

OFFICIAL DUTY STATION (City and State): Douglas, AK

RESIDENT CITY AND STATE (If other than Official Duty Station):

MAILING ADDRESS OF CHECK

[ ] SALARY CHECK ADDRESS [ ] CONTACT POINT ADDRESS

[ ] NON-GOVERNMENT TRAVELER OR NEW HIRE CONTACT POINT

[XX] SPECIAL ADDRESS
NMFS - Northwest Region - F/NWR
7600 Sand Point Way N.E.
BIN C15700 Bldg. 1
Seattle, WA 98115

SECTION B—TRANSPORTATION COSTS BILLED DIRECTLY TO GOVERNMENT

GTR NUMBER	AMOUNT	VENDOR	NO. TRAVELERS	GTR CLASS	EXPLANATION OF TRAVEL FROM	TO
1. G-1,668,266	$ 348 00	AS	1	Y	Juneau, AK	Seattle, WA
2.					and return	
3.						
4.						
TOTAL—SECTION B	$ 348 00	IMPORTANT: ATTACH UNUSED TICKETS TO FRONT OF VOUCHER				

SECTION C—ACCOUNTING CLASSIFICATION CODE

DISTRIBUTE TOTAL CLAIM AMOUNT FROM SECTION D TO THE APPLICABLE ACCOUNTING CLASSIFICATION CODE(S) AS INDICATED ON THE TRAVEL ORDER

		CLAIM AMOUNT
1.	7FMP000/RL2A0500	$ 714 39
2.		
3.		
4.		
5.		
6.		
7.		
8.		

TOTAL CLAIM AMOUNT (THIS AMOUNT MUST AGREE WITH BLOCK 11) ▶ $ 714 39

SECTION D — CLAIMS

			FINANCE USE
1. PER DIEM — NO. DAYS	6.0	$ 497 28	
2. MILEAGE — TOTAL MILES			
3. OTHER TRAVEL		14 60	
4. CAR RENTAL (Paid by Traveler)		188 83	
5. COMMON CARRIER TRANSPORTATION			
6. ACTUAL SUBSISTENCE — NO. DAYS			
7. MISCELLANEOUS EXPENSES		13 68	
8. REAL ESTATE EXPENSE (Form CD-371)			
9. TEMPORARY QUARTERS (Form CD-372)			
10. RELOCATION INCOME TAX ALLOWANCE			
11. TOTAL CLAIM (Lines 1 thru 10)		$ 714 39	
12. TRAVEL ADVANCE AMOUNT OUTSTANDING			
13. AMOUNT OF VOUCHER (Line 11) TO BE APPLIED TO OUTSTANDING ADVANCE (Line 12)			
14. ADDITIONAL ADVANCE AMOUNT REPAID (Check or money order attached)			
15. REMAINING ADVANCE BALANCE (Line 12 minus Line 13 minus Line 14)			
16. NET TO TRAVELER (Line 11 minus Line 13)		$ 714 39	
AUDITED BY (Examiner's initials)		TOTAL DIFFERENCE	

SECTION E — CERTIFICATIONS

FRAUDULENT CLAIM - Falsification of an item in an expense account works a forfeiture of the claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; id. 1001).

THE REMAINING TRAVEL ADVANCE BALANCE SHALL BE REPAID WITH THIS VOUCHER UNLESS OFFICIAL TRAVEL IS SCHEDULED WITHIN THE NEXT 30 DAYS AND THE AMOUNT OUTSTANDING IS COMMENSURATE WITH THE TRAVEL TO BE PERFORMED.

CLAIMANT'S RESPONSIBILITIES AND SIGNATURE

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7).
I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

CLAIMANT'S SIGNATURE: Melvin C. Seibel

DATE: 12/24/86 PHONE (Area code and number): (907) 465-4250 FTS COMM

PRIVACY ACT NOTICE. The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). The information requested on this form is required under the provisions of 5 U.S.C. Chapter 57 (as amended) and Executive Orders 11609 of July 22, 1971, and 11012 of March 27, 1962, for the purpose of recording travel expenses incurred by the employee and to claim other entitlements and allowances as prescribed in the Federal Travel Regulations (41 CFR 101-7). The information contained in this form will be used by Federal Agency officers and employees who have a need for such information in the performance of their duties. Information will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions or pursuant to a requirement by GSA or such other agency in connection with the hiring or firing, or security clearance, or such other investigation of the performance of official duty in Government service. Failure to provide the information required will result in delay or suspension of the employee's claim for reimbursement.

APPROVING OFFICERS' RESPONSIBILITIES AND SIGNATURE

In approving this voucher, I have determined that:
(1) Reimbursement is claimed for official travel only.
(2) Use of rental car, taxicab, or other special conveyance for which reimbursement is claimed is to the Government's advantage.
(3) Long distance phone calls and supplies or equipment purchased are necessary and in the interest of the Government. NOTE: To approve long distance phone calls, approving officer must have written authorization from Bureau Head or his designee (31 U.S.C. 1348(b)).
(4) Retention of the remaining advance balance is necessary for official travel which is scheduled to begin within the next 30 days.

[XX] CD-29 ATTACHED [ ] CD-29 SUBMITTED WITH PREVIOUS VOUCHER

APPROVING OFFICER'S SIGNATURE: Thomas E. Kruse

NAME AND TITLE (Type or print): for Randolph S. Cross, Program Analyst

DATE: 12/31/86 PHONE (Area code and number): (206) 526-6150 FTS XXX COMM

USCOMM DC 86 2247

03 Donna Schier 526-6150 (12/30/86)

(Exception to SF 1012 Approved GSA 2 82)

FORM CD-370 (11-85) (PRES BY DAO 204-1)

U.S. DEPARTMENT OF COMMERCE

TRAVEL VOUCHER

SECTION A—IDENTIFICATION

SOCIAL SECURITY NUMBER	NAME (Last)	(First)	(Middle Initial)
532 36 2051	SEIBEL	MELVIN	C.

BUREAU CODE	CD-29 TRAVEL ORDER	DATES FOR TRAVEL EXPENSES FROM MO.	DAY	YEAR	THRU MO.	DAY	YEAR	TYPE CODE	(Indicate one type only)	RECLAIM AMT INCLUDED
14	7-APB-28400	11	16	86	11	22	86	2	1-DOMESTIC TRAVEL—48 2-FOREIGN TRAVEL 3-TRANSFER-HOUSEHUNT 4-TRANSFER-OTHER 6-DOMESTIC TR-OTHER	$

PURPOSE CODE 1

ORGANIZATION	OFFICIAL DUTY STATION (City and State)	RESIDENT CITY AND STATE (If other than Official Duty Station)
NMFS - Northwest Region	Douglas, AK	

SECTION B—TRANSPORTATION COSTS BILLED DIRECTLY TO GOVERNMENT

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NAME AND TITLE (Type or print): Randolph S. Cross, Program Analyst

DATE: 12/31/86 PHONE (Area code and number): (206) 526-6150 FTS XXX COMM

MAILING ADDRESS OF CHECK

☐ SALARY CHECK ADDRESS ☐ CONTACT POINT ADDRESS

☐ NON-GOVERNMENT TRAVELER OR NEW HIRE CONTACT POINT

XX SPECIAL ADDRESS
NMFS - Northwest Region - F/NWR
7600 Sand Point Way N.E.
BIN C15700 Bldg. 1
Seattle, WA 98115

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USCOMM DC 86 2247

TREASURY
BUREAU OF GOVERNMENT
FINANCIAL OPERATIONS

WASHINGTON, D. C.

Check No. 81,222,163
SYMBOL 3005

DO NOT FOLD, SPINDLE OR MUTILATE
KNOW YOUR ENDORSER -- REQUIRE IDENTIFICATION

United States Treasury

15-51
000

PAY TO THE
ORDER OF MELVIN C SEIBEL
NOAA/NMFS - F/NWR
BIN C15700
SEATTLE WA 98115

MTH	DAY	YEAR
01	07	87

13010016

DOLLARS	CTS.
$***714	39

USDOC-MSC
532-36-2051

TRAVEL EXPENSE-- 11/16/86 THRU 11/22/86

⑈30052⑈ ⑆000000518⑆ 812221630⑈

[redacted]

[redacted]