

TRIP NUMBER	OBSERVER NAME	VESSEL NAME
INVOICE CODE	TASK NUMBER	DATES OF TRIP
MEAL EXPENSES	RATE DAYS AT SEA \$25/DAY X	SUBTOTAL
CORPORATION / OWNER NAME	TIN (Taxpayer Identification Number)	
MAILING ADDRESS	PHONE	
DATE	SIGNATURE	

PAPERWORK REDUCTION ACT STATEMENT: The information provided on this form will be used to reimburse you for specific expenses during the observed trip identified on the form. That trip was observed in order to collect information that is used in analyses that support the conservation and management of living marine resources and that are required under the Magnuson-Stevens Fishery Conservation and Management Act (MSA), the Endangered Species Act (ESA), the Marine Mammal Protection Act (MMPA), the National Environmental Policy Act (NEPA), the Regulatory Flexibility Act (RFA), Executive Order 12866 (EO 12866), and other applicable law. The public reporting burden for this form is estimated to average 10 minutes per response, including the time for completing, reviewing, and transmitting the information on the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: National Marine Fisheries Service, F/SF1, National Observer Program, 1315 East West Highway, Silver Spring, MD 20910. Providing the requested information is required to have the Central Administrative Support Center (CASC) and United States Treasury process and pay the reimbursement. The information on this form will be kept confidential as required under Section 402(b) of the MSA (18 U.S.C. 1881a(b)) and regulations at 50 C.F.R. Part 600, Subpart E. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.