

**VESSEL REIMBURSEMENT FORM
(MULTI-DAY TRIPS ONLY)**

TRIP ID # _____

Subsistence Reimbursement form for Vessel Master on F/V _____

for National Marine Fisheries Service observer _____

for period of deployment from _____ to _____ for a total of _____ days

at \$25.00 per day for a total of \$ _____

Observer's Signature

Date

Captain's Signature

Date

Please make check payable to _____

Attn: _____

F/V _____

Street _____

City, State, Zip _____

MAIL TO: PROGRAM MANAGER
FISHERIES OBSERVER PROGRAM
166 WATER STREET
WOODS HOLE, MA 02543

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 3 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: Amy Van Atten, National Marine Fisheries Service, Northeast Fisheries Science Center, Northeast Fisheries Observer Program, 166 Water Street, Woods Hole, MA 02543-1026. Providing the requested information is needed in order to provide proper payment to the vessel. 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.

