

REIMBURSEMENT INVOICE FOR CONTRACT OBSERVERS			TRIP NUMBER
VESSEL NAME	ORGANIZATION CODE	TASK NUMBER	DATES OF TRIP
			TO
MEAL EXPENSES	RATE	DAYS AT SEA	SUBTOTAL
	\$25 / DAY X		
LIABILITY INSURANCE  *ATTACH ENDORSEMENT AND BILLING STATEMENT	RATE	DAYS AT SEA	
COMPANY NAME			
AGENT NAME			
PHONE			
CORPORATION / OWNER NAME		TIN (Taxpayer Identification Number)	TOTAL
MAILING ADDRESS		PHONE	
DATE		SIGNATURE	

**Public Burden Statement - Effective 4/30/2020**

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0648-0593. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are mandatory. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the NOAA/NMFS/SEFSC at: 75 Virginia Beach Drive, Miami, FL 33149, Attn: Fisheries Biologist Andy Davis, [Andrew.Davis@noaa.gov](mailto:Andrew.Davis@noaa.gov)