

## Invoice Instructions

This invoice will be used to obtain reimbursement for observer expenses incurred during a deployment aboard a U.S. commercial long-line vessel. (Complete all areas in bold/highlighted) **[INVOICE MUST BE SUBMITTED WITHIN 90 DAYS OF RECEIVING NOTICE]**

**TRIP NUMBER** - office use only

**VESSEL NAME** - name of vessel that carried observer

**ORGANIZATION CODE** - office use only

**DATES OF TRIP** - dates observer was aboard vessel

**MEAL EXPENSES** - calculate food costs: (rate) x (days at sea) = subtotal. Observer's personal food may be deducted from subtotal. If so, a copy of the receipt will be provided.

~~**COMPANY NAME** - Name of insurance company~~

~~**AGENT NAME** - Insurance contact~~

~~**PHONE** - Insurance contact number~~

**TOTAL** - total cost incurred (food and/or insurance)

**CORPORATION/OWNER NAME** - person or entity whose name will appear on check

**TIN - (Taxpayer Identification Number)** - Social security number, if check is going to an individual or EIN (corporate number), if paying a corporation

**MAILING ADDRESS** - address where you would like the check sent

**PHONE** - contact number for additional information

**DATE** - date of signature

**SIGNATURE** - signature of authorized person

<b>Please return to:</b>	Pelagic Observer Program Southeast Fisheries Science Center 75 Virginia Beach Dr. Miami FL, 33149	or	Use included, brown envelope - no postage necessary
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**IMPORTANT**

- 1 - We need a SSN or EIN or the check will not be processed
- 2 - We need original signatures on the invoice, please do not fax!
- 3 - Remember the information at the bottom of the invoice tells us who to make check out to and where to send it, please write legibly.
- 4 - ~~Insurance agencies - if you will be receiving the check, remember that the "Corporation/Owner name" field is NOT the vessel, but the company name.~~

Allow 3-4 weeks to receive payment. Please contact our office if you have not received payment within 3 months of sending invoice. If you have any questions concerning this invoice or payment schedule, please call us at 1-800-858-0624.

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REIMBURSEMENT INVOICE FOR CONTRACT OBSERVERS			TRIP NUMBER	
VESSEL NAME	ORGANIZATION CODE	TASK NUMBER	DATES OF TRIP	
	FN7100	U8LCBACP00		TO
MEAL EXPENSES	RATE	DAYS AT SEA	SUBTOTAL	
	\$25 / DAY	X 1		
<del>LIABILITY INSURANCE</del>	AGR #: 33GENF200035	<del>DAYS AT SEA</del>	<del></del>	
<del>*ATTACH ENDORSEMENT AND BILLING STATEMENT</del>	Vessel ID: #N/A			
<del>COMPANY NAME</del>				
<del>AGENT NAME</del>			<del></del>	
<del>PHONE</del>				
COMPANY / OWNER NAME	TIN (Taxpayer Identification Number)	TOTAL		
MAILING ADDRESS	PHONE	<del></del>		
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)