NOAA Form 34-25
(4-12)

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION

COMMUTED SUBSISTENCE VOUCHER

VOUCHER #	NOAA Ship			LOCATION		DATE
VOUCHER TOTAL $	FISCAL YEAR	ORGANIZATION CODE		PROJECT CODE	TASK CODE	OBJECT CLASS 1217

OFFICIAL'S AUTHORIZATION AND CERTIFICATION

Pursuant to the authority invested in me, I authorize the Commuted Subsistence and certify that a room and/or meals were not furnished or available to the employee listed below, as indicated during the periods specified. This voucher is correct and proper for payment in the amount stated.

DATE _____ SIGNATURE _____ TITLE _____

SUBSCRIBER'S CERTIFICATION

*We, the Subscribers, severally certify; the amounts stated opposite our names below or on attached continuation sheets are correct and just in all respects; neither payment nor credit has been previously received; and a cash payment was received from the cashier indicated below.

CASHIER _____

EMPLOYEE'S NAME	PERIOD CLAIMED (inclusive dates)		QUARTERS	MEALS			CLAIM TOTAL	EMPLOYEE'S SIGNATURE *(see Subscriber's Certification)
	FROM	THRU	@ $ / day	BREAKFAST @ $ / day	LUNCH @ $ / day	DINNER @ $ / day		
							$	
							$	
							$	
							$	
							$	
							$	
							$	
							$	
							$	
							$	
							$	
							$	
							$	
							$	
							$	
							$	
						PAGE TOTAL	$	PAGE 1 OF

SUPERSEDES NOAA Form 34-25 (6-85)