



Atlantic States Marine Fisheries Commission

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Sustainable and Cooperative Management of Atlantic Coastal Fisheries

COST COMPARISON FOR ALTERNATIVE TRAVEL

Name: _____

Address: _____

Name of Meeting: _____ Meeting Date(s): _____

Meeting Location: _____ Travel Authorization #: _____

Reason for Alternative Travel

- Requesting extra hotel night(s) Using alternative transportation Using alternative accommodations
- Combining personal and official travel

Justification

Estimated Costs

	Normal Business Route	Alternative Route A	Alternative Route B (if needed)	Alternative Route C (if needed)
Airfare				
Train, Taxi Shuttle, etc.				
Rental Vehicle				
Lodging				
Mileage				
Meals				
Parking, Tolls, etc.				
Per Diem				
Hotel				

Total Estimated Costs: _____

ASMFC Use Only

Approved by: _____

Notes/Comments: _____