



Atlantic States Marine Fisheries Commission

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Sustainable and Cooperative Management of Atlantic Coastal Fisheries

COST COMPARISON FOR ALTERNATIVE TRAVEL

Name: _____ Address: _____

Meeting Name: _____ 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

Enter your information below. Your text will shrink to fit the space provided. All estimated costs must be supported by a price quote, screenshot, or comparable documentation (e.g., airfare search results, hotel rate, rental car estimate).

	Normal Business Route		Alternate Route A		Alternate Route B (if needed)	
	Details	Amount	Details	Amount	Details	Amount
Airfare		\$		\$		\$
Train, Taxi Shuttle, etc.		\$		\$		\$
Rental Vehicle		\$		\$		\$
Lodging		\$		\$		\$
Mileage		\$		\$		\$
Meals		\$		\$		\$
Parking, Tolls, etc.		\$		\$		\$
Per Diem		\$		\$		\$
Hotel		\$		\$		\$

Total Estimated Costs: \$ _____ \$ _____ \$ _____

ASMFC Approval

Notes