



## DOT - MARITIME ADMINISTRATION

### Maritime Administration: Miscellaneous payments Group Form

*\*Required Field*

MARAD User Purchase  
Order Number/  
Bill Number/Travel Authorized  
Number/Or Reimbursable  
Agreement Number:

\*Name on Payment (as listed):

\*Contact Person's First Name:

Contact Person's Middle Initial:

\*Contact Person's Last Name:

\*Phone Number:

Ext:

Federal Tax ID or SSN:

Date:

\*Comment (description of  
payment, etc):

Payment Type:

\*Payment Amount:

Submit Data