

TRAVEL PLANS FOR EXPEDITION – **351**Name _____
(AS APPEARS ON GOVT. ISSUED I.D.)

Account No. _____ SubCode _____

Cost Reference _____ AMS Requisition _____

DUE DATE: Please return Form to Department Supervisor no later than – 15 APRIL**ITINERARY REQUESTED** (List the actual dates for all reservations even if it is standard to/from the ship)**STANDARD DEPARTURE DATE: 27 May/Arrival into Yokohama – 28 May**

DEPART FROM: _____ DATE _____

TO: _____ DATE _____

TO: **TOKYO, JAPAN** DATE _____**(SHIP ARRIVES: YOKOHAMA ON 30 MAY)**RETURN FROM: **TOKYO, JAPAN** DATE _____**(SHIP ARRIVES: YOKOHAMA ON 30 JULY)**

TO : _____ DATE _____

TO: _____ DATE _____

Does travel include Non-IODP travel? ☐ NO ☐ YES - *Personal Travel Dates _____***FOR REIMBURSEMENT PURPOSES ONLY (Hotel/Meals). THESE DATES ARE NOT ASSOCIATED WITH TRACKING VACATION OR OTHER LEAVE.****HOTEL REQUEST** – Yokohama Bay Hotel Tokyu (<http://ybht.co.jp/en/>). Additional information regarding payment details will be provided. Rates, Mon. - Fri. is JPY16,000 (approx. \$155) per night/Sat. night is JPY26,000 (approx. \$252). Rates include service charge, excludes taxes.☐ **Yokohama - May**

Check In _____ Check Out _____

Room Preference: ☐ Single ☐ Share a room with _____☐ **Yokohama - July**

Check In _____ Check Out _____

Room Preference: ☐ Single ☐ Share a room with _____**TRAVEL ADVANCE REQUESTED FOR THE ABOVE TRIP:** ☐ YES ☐ NOTravel Advance funds are subject to the terms of the TAMRF-IODP Travel Policy, <http://iodp.tamu.edu/travel/travel.html>.

Traveler agrees to comply with the terms of the TAMRF-IODP Travel Policy and to submit the travel expense voucher for this trip Within ten (10) days after return. Advance will not be made more than thirty (30) days prior to the date of departure.

DATE ADVANCE DUE TO TRAVELER: _____

TOTAL ADVANCE REQUESTED \$ _____ (AMOUNT CALCULATED BY TRAVEL DEPT.)

Traveler's Signature _____

Date: _____

(Signature confirms all requested arrangements above)

☐ I am an employee of TAMUS / is this payment made to or on behalf of a U.S. Citizen or Legal Permanent Resident? ☐ Yes ☐ No**Approved:** Department Head/Delegate _____

Date: _____

(Signature approves all requested arrangements above)

=====FOR IODP TRAVEL OFFICE=====

Screen 104 Voucher # _____ GL# _____ Screen 111 Voucher # _____