Name of traveler Cell Phone

(as it appears on government-issued I.D.)

Account No. SubCode

Cost Reference AMS Requisition

## ITINERARY REQUESTS:

List the actual dates for all reservations even if it is standard to/from the ship.

Standard departure date: **26 November**; arrive Singapore **-27 November**.

### Depart

Does travel include non-IODP travel?

No **☐** Yes **☐**

Personal travel dates:

These dates are not associated with tracking vacation or other leave time. They are for hotel/meal reimbursement purposes only.

From Date

To Date

To **SINGAPORE** Date

### Return

Ship arrives Singapore on **29 January 2015/Return Home – 30 January**

From **Singapore** Date

To Date

To Date

## HOTEL REQUESTS:

**SINGAPORE HOTEL - CAPRI BY FRASER, 3 Changi Business Park Central, PH:800-338- 0800. Rate is SGD200 plus,**

 **17% tax/service charge. Room charges are paid by guest at check out.**

 **CANCELLATION: 14 Days or less – 1 night room/tax**

 **7 Days or less – 1 night minimum/3 night max.**

**☐SINGAPORE – November**

**Check In Check Out**

Room Preference: **☐** Single **☐** Share with:­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check In Check Out**

Room Preference: **☐** Single **☐** Share with:­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**☐SINGAPORE - January**

## TRAVEL ADVANCE: ­

Travel advance requested for the above trip: ☐ **Yes** ☐ **No** **Amount calculated by Travel Dept.**

Travel advance due to traveler: Total advance $

**Travel Advance funds are subject to the terms of the TAMRF-IODP Travel Policy,** [**http://iodp.tamu.edu/travel/travel.html**](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.**

## SIGNATURES:

I am an employee of TAMUS. ☐ Yes ☐ No

Is this payment made to or on behalf of a U.S. Citizen or Legal Permanent Resident? ☐ Yes ☐ No

**Traveler’s Signature** Date

(Signature confirms all requested arrangements above)

**Approved** (Department Head/Delegate) Date

(Signature approves all requested arrangements above)

**For IODP TRAVEL OFFICE:**

Screen 104 Voucher # GL# Screen 111 Voucher #