

**TRAVEL PLANS FOR EXPEDITION 362T**

**DUE DATE: On/Before – 23-MAY-16**

Please return form to department supervisor by this date.

Name of traveler \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(as it appears on government-issued I.D.)

Account No. \_\_\_\_\_ SubCode \_\_\_\_\_

Cost Reference \_\_\_\_\_ AMS Requisition \_\_\_\_\_

**ITINERARY REQUEST:**

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

**Contact your Supervisor for arrival date.**

**Depart**

From \_\_\_\_\_ Date \_\_\_\_\_

To \_\_\_\_\_ Date \_\_\_\_\_

To **Cape Town** \_\_\_\_\_ Date \_\_\_\_\_

**Ship arrives in Colombo: 06 August; Fly home: - \*08 August**

(\*Flights to US depart after midnight.)

**Return**

From **Colombo** \_\_\_\_\_ Date \_\_\_\_\_

To \_\_\_\_\_ Date \_\_\_\_\_

To \_\_\_\_\_ Date \_\_\_\_\_

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.

**CONCUR Notification Completed (Box must be checked before request form will be processed)**

**HOTEL REQUEST:**

**COLOMBO: CINNAMON GRAND HOTEL**

**Check In** \_\_\_\_\_ **Check Out** \_\_\_\_\_

Room Preference:  Single  Double/ Share with: \_\_\_\_\_

**TRAVEL ADVANCE:**

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

Date 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>. 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 TAMU.  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 # \_\_\_\_\_