TRAVEL PLANS FOR EXPEDITION 363

DUE DATE: On/Before – 22-Aug-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 REQUESTS:

List the actual dates for all reservations even if it is standard to/from the ship.
Board ship on 06 October.

Depart

From _____ Date_____

To _____ Date_____

To **SINGAPORE** _____ Date_____

Ship arrives in Guam: 08 December; Fly home: 09 December

Return

From **GUAM**_____ 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 REQUESTS:

SINGAPORE—Capri by Frasier, 3 Changi Business Park Central 1, Singapore

Check In_____ **Check Out** _____
Room Preference: □ Single   □ **Double/** Share with: _____

GUAM—To Be Determined:

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 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 # _____