

**TRAVEL PLANS FOR EXPEDITION 379**

**DUE DATE: On/Before – 09 NOV.**

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:**

**Ship arrives in PUNTA ARENAS 18-JAN.**

**Depart – (Standard departure date: 15 JAN (From U.S))**

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

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

To: PUNTA ARENAS \_\_\_\_\_ Date \_\_\_\_\_

**Ship arrives in PUNTA ARENAS: 20 MARCH**

**Return – (Standard return date: 21 MARCH)**

From: PUNTA ARENAS \_\_\_\_\_ Date \_\_\_\_\_

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

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

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

<p>Does travel include non-IODP travel? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Personal travel dates: _____</p> <p><b>These dates are not associated with tracking vacation or other leave time. They are for calculating hotel/meal reimbursement purposes only.</b></p>
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**HOTEL REQUESTS**

<p><b>PUNTA ARENAS: HOTEL DIEGO DE ALMAGRO - JANUARY</b></p> <p>Check In _____ Check Out _____</p> <p>Room Preference: <input type="checkbox"/> Single <input type="checkbox"/> Double/ Share with: _____</p> <p><b>Amount paid by: Traveler _____ IODP _____</b></p> <p><b>PUNTA ARENAS: CABO DE HORNOS - MARCH</b></p> <p>Check In _____ Check Out _____</p> <p>Room Preference: <input type="checkbox"/> Single <input type="checkbox"/> Double/ Share with: _____</p> <p><b>Amount paid by: Traveler _____ IODP _____</b></p>
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**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 # \_\_\_\_\_