

TRAVEL PLANS FOR EXPEDITION 382

DUE DATE: On/Before – 18 JAN

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 : 20 MARCH

Depart – (Standard departure date: 17 MARCH (From U.S))

From: _____ Date _____

To: _____ Date _____

To: **PUNTA ARENAS** _____ Date _____

Ship arrives in PUNTA ARENAS: 20 MAY

Return – (Standard return date: 21 MAY)

From: **PUNTA ARENAS** _____ Date _____

To: _____ Date _____

To: _____ Date _____

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

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 calculating hotel/meal reimbursement purposes only.

HOTEL REQUESTS

PUNTA ARENAS: CABO DE HORNOS – MARCH

Check In _____ Check Out _____

Room Preference: Single Double/ Share with: _____

Amount paid by: Traveler _____ IODP _____

PUNTA ARENAS: CABO DE HORNOS - MAY

Check In _____ Check Out _____

Room Preference: Single Double/ Share with: _____

Amount paid by: Traveler _____ IODP _____

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 # _____