IODP - TRAVEL AUTHORIZATION/ADVANCE REQUEST

Traveler (please print) _________________________ Phone:__________________________

Account No.________________________ SubCode______________________________

Cost Reference___________________ AMS Requisition_____________________

Destination/Purpose of Trip _________________________________________________

Dates of IODP business-related travel _________________________________________

Dates of Non-IODP related travel _____________________________________________

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

Mode of Travel: ☐ auto ☐ train ☐ air __Economy fare __Business class (Dr.'s Certification required.)

Depart From __________________ to____________________ date/time____________

Continue From____________________ to____________________ date/time__________

Return From _____________________to____________________ date/time____________

Seat Preference: ☐ aisle ☐ window

Hotel Reservations: City_______________________ Hotel________________________

Arrival Date__________________ Departure Date____________________ Total nights_______

Rate/night_______________ Conf. no.___________________

Car Rental: Pick-up location _______________________________ Date____________________

Drop-off location _______________________________ Date____________________

TRAVEL ADVANCE REQUESTED FOR THE ABOVE TRIP ☐ Yes ☐ No

Traveler agrees to comply with the terms of the TAMRF-IODP Travel Policy and to submit the travel expense voucher for this trip within the (10) days after return. Disbursement of advance will not normally be made more than thirty (30) days prior to the date of departure.

DATE ADVANCE DUE TO TRAVELER _______________ TOTAL ADVANCE $______________

(AMOUNT CALCULATED BY TRAVEL DEPT.)

Traveler’s Signature __________________________ date____________________

(Signature confirms all requested arrangements above)

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

Approved: Department Head/Delegate __________________________ date____________________

(Signature approves all requested arrangements above)

FOR IODP TRAVEL OFFICE USE

Screen 104 Voucher #____________________ GL#____________________ Screen 111 Voucher #____________________

March 17, 2015