## **TRAVEL PLANS FOR EXPEDITION 376**

## **DUE DATE: On/Before – 19 FEBRUARY**

Please return form to department supervisor by this date.

Name of traveler		Cell Phone	
(as it appears on government-issued	-		
Cost Reference	AMS Requisition		
ITINERARY REQUESTS:			
Ship arrives in AUCKLAND: <u>05 MA</u>	<u>Y</u>		
Depart – (Standard departure o	date: <u>01 MAY (From U.S)</u>		
From:	Date	Does travel include non-IODP travel? No $\square$ Yes $\square$	
To:	Date	No 🗀 Tes 🗆	
	Date	Personal travel dates:	
10: AUCKLAND	Date	-	
Ship arrives in AUCKLAND: <u>05 JUL</u>	<mark>Y</mark>	These dates are not associated with	
Return - (Standard return date: <u>06 JULY)</u>		tracking vacation or other leave time.	
	Date	They are for calculating hotel/meal	
	Date	reimbursement purposes only.	
	Date		
	Sox must be checked before request form w		
AUCKLAND: CROWNE PL Check In_ Room Preference:	_AZA - <mark>MAY</mark> Check Out □Single □Double/ Share with:		
AUCKLAND: CROWNE P		relerIODP	
Room Preference:	$\square$ Single $\square$ <b>Double/</b> Share with:	:	
	Amount paid by: Travel	lerIODP	
TRAVEL ADVANCE: Travel advance requested for t	the above trip: $\Box$ <b>Yes (</b> Amount o	calculated by Travel Dept.)	
		otal advance \$	
Travel Advance funds are subject to the terms of	of the TAMRF-IODP Travel Policy, http://iodp.tamu.ed	u/travel/travel.html. Traveler agrees to comply with the terms of the year feeture. Advance will not be made more than thirty (30) day	
SIGNATURES:			
I am an employee of TAMUS. □Yes	□No of a U.S. Citizen or Legal Permanent Resid	ent? □Yes □No	
Traveler's Signature	rangements above)	Date	
Approved (Department Head/I (Signature approves all requested ar	Delegate) rangements above)	Date	
For IODP TRAVEL OFFICE: Screen 104 Voucher #	GL#Scree	en 111 Voucher #	