TRAVEL PLANS FOR EXPEDITION 374

DUE DATE: On/Before – 10 NOVEMBER
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 LYTTELTON: 04 JANUARY 2018

Depart – (Standard departure date: 31 DECEMBER (From U.S)

From _____ Date _____

To _____ Date _____

To: **CHRISTCHURCH** _____ Date _____ _____

Ship arrives in LYTTELTON: 08 MARCH 2018

Return – (Standard return date: 09 MARCH 2018)
From **CHRISTCHURCH** _____ 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.**

VISA INFORMATION – New Zealand – See www.immigration.govt.nz/ Visa Waiver Countries
Although you will not need a visa if you are a citizen of a visa waiver country, you will need a special directive letter. Once the participant list for each expedition is complete, our port agent will work with Immigration New Zealand (IMZ) to obtain the letter. These letters will then be distributed to you before your departure and must be carried with you at all times. If you are not a citizen of one of visa waiver countries, you will need to apply for a Visitor Visa (General). **DO NOT** apply for this visa until you receive this letter.

HOTEL REQUESTS: (Hotel details available at http://iodp.tamu.edu/travel/staff.html)

CHRISTCHURCH: CROWNE PLAZA – JANUARY

Check In _____ **Check** Out_____
Room Preference: □Single □**Double/** Share with: _____

Amount paid by: Traveler _____ **IODP** _____

CHRISTCHURCH: CROWNE PLAZA - MARCH
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 # _____