



# SOUTHWEST FISHERIES SCIENCE CENTER REQUEST FOR APPROVAL FOR OFFICIAL TRAVEL

Rev: Aug 2017

Traveler Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

Org Code: \_\_\_\_\_ Project Task Code: \_\_\_\_\_

### ITINERARY

1. From: \_\_\_\_\_ To: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Arrival Time at Destination: \_\_\_\_\_ AM PM

Return Date: \_\_\_\_\_ Arrival Time at Destination: \_\_\_\_\_ AM PM

2. From: \_\_\_\_\_ To: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Arrival Time at Destination: \_\_\_\_\_ AM PM

Return Date: \_\_\_\_\_ Arrival Time at Destination: \_\_\_\_\_ AM PM

Approved Leave Date(s), if any: \_\_\_\_\_

### MODE OF TRAVEL

Air GOV POV # of POV Miles \_\_\_\_\_ Taxi/Shuttle Gov't Vessel Charter Vessel  
Rental Car Dates: \_\_\_\_\_ Airport Parking \$ \_\_\_\_\_ Hotel/Venue Parking \$ \_\_\_\_\_

### LODGING

Need Hotel? Y N Hotel Name: \_\_\_\_\_ **REGISTRATION FEE** (only if M&IE included) \$ \_\_\_\_\_

### TRAVELER NOTES:

\_\_\_\_\_

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

*I certify this travel will not impact the SWFSC current program planning process or the quality and timeliness of required products and will not impact the quality, responses and timeliness of short notice NOAA/NMFS Headquarters information and requests.*

Division Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_

### TRAVEL COORDINATOR

Travel Auth #: \_\_\_\_\_ Approx Cost of Trip: \$ \_\_\_\_\_

Gift or Bequest? Y N Invitational? Y N Group Travel? Y N Hotel Overage? Y N

Travel Coordinator Notes:

\_\_\_\_\_

### DIRECTOR'S OFFICE APPROVAL

Deputy Director approval required on all travel taken by Division Directors and all trips to Washington, DC / Silver Spring, Maryland.

Deputy Director's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Center Director approval required on all foreign travel and all domestic travel over \$10K. Deputy Director may sign if the Center Director is unavailable.

Center Director's Approval: \_\_\_\_\_ Date: \_\_\_\_\_