SOUTHWEST FISHERIES SCIENCE CENTER
REQUEST FOR APPROVAL FOR OFFICIAL TRAVEL

(Rev 5/09)

Today's Date: <enter date>

Name of Traveler: <name must be as on passport or license> Travel Authorization No.: N/A

(As it appears on your license or passport)

Purpose of Travel: Participate on Protected Resources Division Ecosystem of Delphinus Species Survey

PURPOSE CODE: 1-Site Visit *(see reverse for coding)*

Complete the following if the travel is attending a Conference (if purpose code is 5):
Reportable Conference: Yes _ No _
"Reportable Conference" is defined as an event by using the following criteria:

*Provided featured or keynote speaker(s)
*Provided DOC staff that provided technical expertise; i.e. led or participated in panel discussions
*Provided direct funding and/or contributions
*Did not include internal DOC related workshops, training sessions titled as conference or conferences where DOC staff only attended and did not participate in an official capacity.

DATES (TIMES) OF TRAVEL: From: 09/04/09 PM To: 12/10/09 PM

(Include all leave to be taken during proposed travel)

ITINERARY: From: <enter airport you are flying from>

To: San Francisco

MODE OF TRAVEL: AIR ✔ GOV ____ POV ____ Indicate estimated mileage if selecting personal vehicle ____ VESSEL ✔

Hotel (arrangements needed)? YES Provide hotel name/phone number/location: Hotel arrangements made;

Need approval for: Rental Car ____ Shuttle ✔ Taxi ✔ Parking ____ Tolls ____ ATM fees ____
Hotel Tax ____ Business Calls ____ Internet ____ Baggage ✔

Miscellaneous (explain): ____

Transportation : ____
Other Trans Expense - Rental Auto : ____
Taxis/Parking/Tolls/Other : ____
POV Mileage (if prime mode of travel) : ____
Subsistence Expense : ____
Other Expense - Reg Fees/Misc Exp : ____
Estimated Cost.....$ 0.00

Organization Code: 30-51-0002-00-00-00-00 Project Task Code: ____

Notes: <enter preferred time of arrival and such; feel free to enter your preferred flight information if you have it>

Submitted by: Annette Henry Date ____

I certify that 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 NMFS/NOAA Headquarters information and requests.

Supervisor Approval: ____ Date ____

Director's Approval ____ Date ____

Center Director's Approval* ____ Date ____

**Required for domestic travel over $10,000 and all foreign travel.*