

CIMAS Travel Request & Authorization

This form is required to be completed for CIMAS (NOAA/SEFSC) individual travel to attend meetings, conferences, workshops, seminars, field operations and research cruises regardless of which organization is sponsoring the travel. This form must be fully signed PRIOR to making travel arrangements. This form must be completed to receive reimbursement. It is your responsibility to submit the form to CIMAS with adequate lead time for processing. For International travel, you must register with https://www.internationalsos.com/MasterPortal/default.aspx?membnum=11BCAS786599 and make sure to comply with the Fly America Act https://www.gsa.gov/policy-regulations/policy/travel-management-policy/fly-america-act

Name:	Division:
City/State of Residence:	
Destination(s):	Return Date:
Departure Date:	Return Date:
Purpose of Travel:	
Will travel be combined with post- *If yes, please include comparison ticket when	ersonal days?YES NO requesting reimbursement.
If attending conference or meeting, please include website:	
Will you require airline reserva *Round trip Coach class service only aut	
Will you use your personally ow *If yes, please include mileage form and map w	vned vehicle (POV)? YES NO
Rental Car: YES NO	
Estimated Costs:	
Airfare: \$ Hotel: \$	•
Rental Car: \$	<u> </u>
Per Diem: \$	<u>-</u>
Other Costs: \$	Explain:
Total Estimate: \$	· · · · · · · · · · · · · · · · · · ·
Funds:	
Is travel covered by SEFSC task	k II funds? YES NO
	please provide grant number to be used
*Please reach out to Luis Quijada if additional	l information is needed.
Is any other organization payin	g for this travel? YES NO
Please identify sponsor:	• • • • • • • • • • • • • • • • • • • •
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Traveler Signature:	
CIMAS Director Signature:	