



CIMAS Travel Request & Authorization



This form is required to be completed for CIMAS (NOAA/AOML) 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 approved 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:** _____
Destination(s): _____
Begin Date: _____ **Time of Departure:** _____ **AM** **PM**
Return Date: _____ **Time of Departure:** _____ **AM** **PM**
Purpose of Travel: _____

If travel is combined with personal days, please indicate dates: _____

If attending conference or meeting, please include website: _____

Is this travel related to AOML or NOAA funded field work? **YES** **NO**

Will you require airline reservations? **YES** **NO**

*Round trip Coach class service only authorized. If other, please justify: _____

Will you use your personally owned vehicle (POV)? **YES** **NO** **Miles:** _____

Rental Car: **YES** **NO** **Rental Info:** _____

Hotel Information: _____

Estimated Costs:

Airfare: \$ _____
Hotel: \$ _____
Rental Car: \$ _____
Per Diem: \$ _____
Other Costs: \$ _____ **Explain:** _____
Total Estimate: \$ _____

Funds:

Is any portion of your travel covered by AOML funds? **YES** **NO** **Amount:** \$ _____

Title of Proposal/Name of Project paying for the travel: _____

Idiv Code: _____ (See Project Lead or Budget Staff Member)

Is any other organization paying for this travel? **YES** **NO**

Please identify sponsor: _____

Traveler Signature: _____ **Date:** _____

NOAA Advisor Signature: _____ **Date:** _____

Project Lead Signature: _____ **Date:** _____

Authorized By Division Director Signature: _____ **Date:** _____