

FULLTIME/PENINSULA/VESSEL DEPLOYMENT TRW

This form ensures the deployment is approved and budgeted.
Please obtain a supervisor's signature before submitting to ASC Travel.

Name: _____ <i>(exactly as it appears on passport)</i>	Today's Date: _____
Business Phone: _____	ASC Charge Code(s): _____
Teammate: _____	_____
Supervisor: _____	_____

Complete this section if you are not deploying from the Denver office

Mailing Address: _____ _____ _____	Cell: _____ Home: _____ Email(s): _____ _____
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AOD	To CHC or PUQ?	Depart Date from AOD	Ice Date or Cruise #	Requested Departure Time Earliest/Latest	Any Personal Time or TDY Going South?	Redeploy Date or Return Cruise #	Any Personal Time or TDY Going North?
				:	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
				:	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
				:	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N

Double Deploying? Check here if you plan on another trip to the Ice this season, even if you don't know the details.

Personal Travel or TDY (TDY must be pre-approved to schedule hotels, workspace, payroll, etc. Use *CHC-FRM-001*.)

Personal Travel Dates:	
Contact info, if any:	
TDY Dates:	

Seating: <input type="checkbox"/> Aisle <input type="checkbox"/> Window	Special Meals:	Freq Flyer 1: Airline _____ FF # _____ Freq Flyer 2: Airline _____ FF # _____ TSA/Global Entry #: _____
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Hotel Check-In Date:	Check-Out Date:
Hotel in Christchurch:	<u>Hotels in Christchurch are assigned</u>
Hotel in Punta Arenas:	<input type="checkbox"/> Cabo de Hornos <input type="checkbox"/> Diego de Almagro <input type="checkbox"/> Dreams <input type="checkbox"/> Jose Nogueira <input type="checkbox"/> Isla Rey Jorge <input type="checkbox"/> straight to vessel
Room Type:	<input type="checkbox"/> Smoking <input type="checkbox"/> Non-Smoking <input type="checkbox"/> Single <input type="checkbox"/> 2 Twin Beds <input type="checkbox"/> 1 Double Bed
Roommate Request:	_____
No Hotel Required:	<input type="checkbox"/> Local contact phone number: _____

Supervisor's Signature: _____ **Approval Date:** _____

Submit to ASC Travel after obtaining approval. An email from the supervisor saying "approved" is accepted in lieu of a hard copy.

