

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> Business Phone: _____ Teammate: _____ Supervisor: _____	Today's Date: _____ ASC Charge Code(s): _____ _____ _____
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Complete this section even if you are in the Denver office. Provide a physical address (no P.O. boxes) for mileage reimbursement.

Departing from: _____ _____ _____	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

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 # _____ Car Rental: Agency _____ Rewards # _____
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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: _____
<i>An email from the supervisor saying "approved" is accepted in lieu of a hard copy.</i>	

Return to: ASC Travel, 7400 South Tucson Way, Centennial, CO 80112-3938 Fax: 303-705-0742

