

R/V ELAKHA CRUISE PLAN

Departure Date: _____ ETD _____ Arrival Date: _____ ETA _____

Chief Scientist: Name: _____ Phone: _____

E-Mail: _____ Fax: _____

OSU Users: Index to be Charged: _____ Department: _____

Other Users: Billing Address: _____

City/State/Zip: _____ P.O.#: _____

Special Requirements: Diving (OSU Diving Officer Authorization Required)*
 Radioactive Materials (OSU Radiation Safety Office Permit Required)*
 Other (Describe): _____

Area of Operation/Itinerary: _____
(Include estimated times at major locations and any ports other than Newport)

Type of Work: _____
(Include vessel equipment requirements.)

Science Party: Attach List of Science Party Personnel by Name & Affiliation. Please indicate those participants who have completed Sea Safety & Survival Training. (Required Release & Consent Forms will be e-mailed to the Chief Scientist.)

- NOTES:
1. Chief Scientist is responsible for any required sampling permits or approvals (*).
 2. Cancel Policy: At least two working days in advance.
 3. This Cruise Plan will also be used for billing purposes.

FOR SHIP OPERATIONS USE ONLY

Departure Date: _____ Time _____ Arrival Date: _____ Time _____

_____	Tot. Hrs.
X _____	Rate
\$ _____	Sub Tot.
+ _____	Other Chgs
\$ _____	Total

J/V Inv

Remarks:

Boat Operator _____

Marine Superintendent _____

List of Science Party Personnel & Students:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____