MLML CRUISE PLAN – R/V JOHN H.MARTIN

1. General Information

Cruise Date:_____ Departure Time: _____ Estimated Time of Return: _____

Date and Time of Loading:_____ Diving?_____ **(You MUST complete diving clearance with MLML Dive Officer)**

a. Is your charter MLML Supported or Outside Funded ? **(Circle one)**

b. Purpose? **(Check one)** Class _____ Thesis_____ Research_____ Other_____

Billing Information

Institution/Agency/Company name:_____ PO# or Grant #(Required): _____

Billing Address:_____

Billing Contact Person: _____Phone: (____)_____

2. Participant Information

Chief Scientist:_____ Phone #: (____) _____ Number in Party:_____

3. Float Plan

Area of Operation:
Type of Work:
Equipment/Boats/Technician Needed:

4. CA Fish and Wildlife Permit **

CA Fish & Wildlife Permit Holder Name:_____ Permit #:_____

24/hr. Notice of Collection: YES ◯ OR NO ◯

****IMPORTANT:** ***Permit holder is responsible for notifying CA F&W in advance of collection and must complete the catch composition report on the back of this form. Permit holder must be on board with the permit. Monterey F & W Field Office # (831) 649-2870***

5. AUTHORIZATIONS:

_____

Signature of Chief Scientist (Faculty Advisor signature required for class or thesis work) DATE

_____

Signature of MLML Director/Marine Superintendent DATE

POST CRUISE REPORT

Date of Cruise _____

Time of Departure _____ **Time of Return** _____

Synopsis of objectives met/comments:

SCIENTIFIC PARTY

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VESSEL CREW

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Signature of Captain Date

DO NOT WRITE BELOW - OFFICE USE ONLY

INVOICE NUMBER: _____

INVOICE DATE: _____

CUSTOMER ID: _____

PO #: _____

SJSU RESEARCH FOUNDATION A/C #: _____

OBJECT CODE: _____

QUANTITY (Hours): _____ **HOURLY RATE: $**_____

PREP FEE (YES or NO) RATE: $_____ **AMOUNT: $**_____

EXTRA TECH SRVCS. (YES or NO) QUANTITY (Hours): _____ **HOURLY RATE: $**_____

TOTAL AMOUNT DUE: $_____