

**MLML CRUISE PLAN – R/V SHEILA B.**

**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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Signature of Captain \_\_\_\_\_

Date \_\_\_\_\_

### DO NOT WRITE BELOW - OFFICE USE ONLY

INVOICE NUMBER: \_\_\_\_\_

SJSU RESEARCH FOUNDATION A/C #: \_\_\_\_\_

INVOICE DATE: \_\_\_\_\_

OBJECT CODE: \_\_\_\_\_

CUSTOMER ID: \_\_\_\_\_

QUANTITY (Hours): \_\_\_\_\_ HOURLY RATE: \$ \_\_\_\_\_

PO #: \_\_\_\_\_

PREP FEE (YES or NO) RATE: \$ \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

EXTRA TECH SRVCS. (YES or NO) QUANTITY (Hours): \_\_\_\_\_ HOURLY RATE: \$ \_\_\_\_\_

TOTAL AMOUNT DUE: \$ \_\_\_\_\_