

## R/V Connecticut Time Request Form

**Project (Title and Brief Description):**

**Principle Investigator:**

**Host Institution/Company:**

**E-mail:**

**Phone:**

**Other Institutions:**

**Estimated Number in Shipboard Party (12 max):**

**Total Number of Ship Days Funded:**

**Date, Time and Port of Loading:**

**Date, Time and Port of Departure:**

**Area of Operations:**

**Date, Time and Port of Return/Offloading:**

**Shipboard Equipment Requirements:**

**Equipment brought aboard by science party (provide weight/size of large items):**

**Please list additional support needed in addition to standard crew of 5 (i.e. technician):**

**Radioactive/Hazardous Material/Explosives Carried:**

**Clearances/Licenses/Permits Required:**

**Are Diving Operations Planned: Yes      No**

**Billing Information:**

**Please indicate if cruise is funded. If pending, please indicate when funding is expected to be secured:**

**Enter KFS# or PO#:**

Mail Purchase Order, Contract No. or Project No. to:  
University of Connecticut  
Marine Sciences & Technology Center  
Attn: Turner Cabaniss  
1080 Shennecossett Road  
Groton, CT 06340-6097  
marineoperations@uconn.edu

**Billing Address of Institution/Company:**

**Contact Person for Billing Purposes:**

**Contact Person Telephone Number:**

**I have read and agree to the Cancellation Policy**