



# UIC Science

## Arctic Logistics Request Form

Research Project Information					
Research Project Title					
Principal Investigator					
Address					
Email Address:	Phone Number:	Cell Phone Number:			
Research Project Details					
Proposed Project Dates:					
Arrival Date		Departure Date		# of Days in Barrow	
Number of Field Days					
Number of Personnel?		Housing Required?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Special Requirements (i.e. gender specific arrangements, laboratory space, freezers etc.):					
<b>Please list any Hazardous Materials you intend to bring to Barrow:</b>					
Detailed description of the Project. Please address any impacts on the environment, local communications, and any other considerations. Please provide maps if possible. You may be contacted later for further information regarding permitting.					
Anticipated Number of Vehicles:					
_____ Truck _____ Van	_____ ATV _____ Snow Machines	_____ ATV Trailer _____ Sleds			
Other Equipment					
_____ Heaters and Fuel _____ Motorola Radios	_____ Ice Auger _____ Generator	_____ Arctic Oven Tents _____ Weather Port			



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Anticipated freight, special handling instructions, i.e. fragile instruments, temp controlled specimen, chemical or radioactive components:

## Billing Information

Billing Point of Contact:

Company & Billing Address

Email Address: \_\_\_\_\_

Phone Number:

Cell Phone Number:

Special Contract or Invoicing Requirements:

If more than one agency/entity will be cost sharing, please provide individual forms for each responsible party.

Authorization to begin billable work immediately for permitting and other preparations. See Attached Rate Schedule.

YES  NO

Point of Contact for Preparation and Follow Up:

## Other Information

Entity Funding the Project:

One-Time Field Campaign?

YES  NO

If no, will you need continued logistic support in the future?

YES  NO

Anticipated Dates:

## For Internal Use Only:

Quote Prepared by:

Date Sent:

Quote Number: