## TRIP SUMMARY (This will be the cover sheet to your trip datasheets)

Trip ID:	_ Vessel name:		Vessel #:
Owner/Captain Name:			# of Crew
Incidenta	l Take: Y/N If Y	es what haul number	(s):
	Biological S	amples Taken: Y / N	
Departure Date	:	Departure Port: _	
	mm/dd/yyyy		City, State
Return Date:	mm/dd/yyyy	Return Port:	City, State
Sea I	Days:	Number of Hauls:	
Target:	SRF □	DEEP GRP	SHALLOW GRP
Weigh out location			Copy included Y / N
	eted with captain/owner  S:  AC	le trips per invoice, indi and/or Heat: Y / N (ci nk Location	
Fresh Water and	d/or Shower: Y / N (circ	cle which applies)	Infections: Y / N
<b>Comments:</b>			
Office use only:			
Data received:		Trip Number:	
Debrief:		Data entry:	
Invoice filed://_		Dbase proofed:	