

Travel Request Form

Please complete this form for all travel (funded or unfunded), out-of-town, or in-town meetings, events and conferences.

Please send in request 4-6 weeks prior to travel.

Name:		Email:		Phone:	
VIP#		Date Leaving:		Date Returning:	
Any days of person	al travel: Yes	No	If yes, which	dates:	
Destination (City, State,	Country):				
Specific Purpose of	Trip (list perspective	ve donors/attendees, if appli	icable):		
Conference (Title/Organ	lization):				
Benefit(s) to the Ca	mpus:				
Presenting? Yes	No In	vited? Other	:		
CHECK HERE IF NO	FUNDS REC	UESTED (notific	ation for insura	nce purposes only)	
Requested Funds: Airfare	Department \$	t Number	Fund	Number	
Ground Travel	\$	State Vehicle: Y	es No I when PC state vehicle is n	ot available.	
Meals	\$	_ Please use meal allowance	table attached to Universit	y policy FINA 1.00.	
Lodging	\$	_ Maximum allowance: \$300	0.00 per day per person exc	luding taxes – see University policy FINA 1.00.	
Registration	\$	Must be paid through Peol		the only thing being paid/reimbursed. 2. If the	payment
Parking	\$				
Other		(Explain:)
TOTAL	\$				
Date	E	mployee Name		Employee Signature	
Date	S	upervisor Name		Supervisor Signature	
Approved:	or/Dean	 Date	Approved:	ancellor Date	
	USC Travel Po	olicy and Procedure webs	ite: http://www.sc.edu/	policies/ppm/fina100.pdf.	
All travel request forms mus	st be completed and	d approved prior to trave	el. Travel not approved	in advance, will be considered unauthori	zed.