

## COLLEGE OF NURSING REQUEST FOR TRAVEL APPROVAL

Please complete this form for all travel (funded or unfunded), out-of town, or in-town meetings. Make sure you list your requested funding and clearly indicate the source of funding. You must sign before your travel request will be considered for approval. If approved, an approved copy will be returned to you for your files. **An approved request must be filed in the Department at least two weeks prior to departure.**

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

DESTINATION: \_\_\_\_\_  
(University, College, Site of Conference)

\_\_\_\_\_  
(City, State, Country)

DATE LEAVING: \_\_\_\_\_ DATE RETURNING: \_\_\_\_\_

**SPECIFIC PURPOSE OF TRIP:**

Conference: \_\_\_\_\_

Presenting a Paper: Yes \_\_\_\_\_ No \_\_\_\_\_ Invited \_\_\_\_\_

Other: \_\_\_\_\_

**NO FUNDS REQUESTED; INSURANCE PURPOSES ONLY:** \_\_\_\_\_  
(indicate if appropriate)

**FUNDS REQUESTED:**

Airfare	
Ground Travel	
Meals	
Room	
Registration	

*Personal Vehicle Mileage ( # of Total Miles x 30.5 cents)	
Contact 737-1517 to reserve a USC Vehicle . Enter amount for rental & mileage	
Parking	
Other Anticipated Expenses	

TOTAL FUNDS REQUESTED: \_\_\_\_\_

FUND NAME: \_\_\_\_\_

FUND NAME: \_\_\_\_\_

**Responsibilities Missed:**

**How Responsibilities Covered:**  
(Give name of person(s) and phone number(s) covering your class(es) and/or responsibilities)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Dean's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

When available, a copy of the brochure or program should be attached.  
\*Use Yahoo Driving Directions to obtain mileage