

# USC SUMTER TRAVEL DATA WORKSHEET

NAME \_\_\_\_\_ DATE \_\_\_\_\_

TITLE/DEPARTMENT \_\_\_\_\_ VIP ID # \_\_\_\_\_

DEPARTURE DATE \_\_\_\_\_ TIME \_\_\_\_\_ AM/PM RETURN DATE \_\_\_\_\_ TIME \_\_\_\_\_ AM/PM

DESTINATION CITY/STATE/ZIP \_\_\_\_\_

1. PURPOSE \_\_\_\_\_

2. FACULTY RESPONSIBILITIES \_\_\_\_\_

3. EXPLANATION/ JUSTIFICATION FOR REQUESTED FUNDING \_\_\_\_\_

4. RELEVANCE OF ACTIVITY TO INSTITUTIONAL MISSION / PURPOSE / GOAL (OPTIONAL) \_\_\_\_\_

If additional space for 1, 2, 3 or 4 is needed, please TYPE on an additional sheet and attach to this form.

## TRANSPORTATION

\_\_\_\_\_ UNIVERSITY VEHICLE IS DRIVER'S RECORD ON FILE? YES \_\_\_\_\_ NO \_\_\_\_\_  
(NO UNIVERSITY VEHICLE MAY BE USED WITHOUT DRIVER'S RECORD ON FILE)

NUMBER OF OTHER PASSENGERS \_\_\_\_\_

\_\_\_\_\_ PERSONAL VEHICLE (MAXIMUM MILEAGE ALLOWED FOR REIMBURSEMENT IS 500 MILES)

MILEAGE = \_\_\_\_\_ MILES X **53.5** CENTS PER MILE = \$ \_\_\_\_\_

\_\_\_\_\_ COMMERCIAL AIRLINE (TICKET COST) = \$ \_\_\_\_\_

## SUBSISTENCE

LODGING RATE PER NIGHT \$ \_\_\_\_\_ + \_\_\_\_\_ % (TAX) x \_\_\_\_\_ # NIGHTS = \$ \_\_\_\_\_

MEALS (SHOW ONLY THOSE THAT WERE NOT INCLUDED IN THE REGISTRATION FEE THAT WAS PAID) = \$ \_\_\_\_\_

OTHER EXPENSES (REGISTRATION FEE \_\_\_\_\_, PARKING FEES \_\_\_\_\_, OTHER \_\_\_\_\_) = \$ \_\_\_\_\_

**TOTAL ESTIMATED COST** = \$ \_\_\_\_\_

**TRAVELER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SUPERVISOR APPROVAL** \_\_\_\_\_ **DATE** \_\_\_\_\_

**A FUNDS AMOUNT \$** \_\_\_\_\_

**STAFF** \_\_\_\_\_

964405-A0001-603 APPROVED

**FACULTY** \_\_\_\_\_

**OTHER** \_\_\_\_\_

964400-A0001-101 APPROVED

APPROVED

**ENDOWMENT FUNDS REQUESTED \$** \_\_\_\_\_ **AMOUNT APPROVED \$** \_\_\_\_\_

966800-L1100-202

\_\_\_\_\_ **DATE** \_\_\_\_\_

**CHAIR OF THE FACULTY STAFF DEVELOPMENT SCREENING COMMITTEE**

FUND 1B1473 FACULTY/STAFF DEVELOPMENT & B11344 WBE FACULTY EXCELLENCE

**USC SUMTER FACULTY RESPONSIBILITIES**

NAME \_\_\_\_\_

DEPARTURE DATE \_\_\_\_\_ RETURN DATE \_\_\_\_\_

LIST SCHEDULED CLASSES THAT WILL BE AFFECTED BY THIS TRAVEL AND HOW YOUR ABSENCE WILL BE ADDRESSED

LIST ANY OTHER UNIVERSITY RESPONSIBILITIES THAT WILL BE AFFECTED BY THIS TRAVEL AND HOW THOSE RESPONSIBILITIES WILL BE ADDRESSED

DEPARTMENT / DIVISION HEAD APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_