

University of South Carolina School of Medicine - Greenville Professional Travel and Leave Authorization Request Form

Please complete this form for all leave and travel (funded or unfunded), out-of-town, or in-town meetings. For travel, make certain to be explicit about funding requested, and 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 for travel must be filed in the Department at least two weeks prior to departure.

Name: _____ VIP# _____

_____ Travel _____ Vacation _____ Illness

Date Leaving: _____ Date Returning: _____

For Professional Travel:

Destination (City, State, Country): _____

Specific Purpose of Trip: _____

Conference (Title/Organization): _____

Presenting?: YES _____ NO _____ Invited? _____ Other: _____

Responsibilities missed and person(s) covering: _____

CHECK HERE IF NO FUNDS REQUESTED (*notification for insurance purposes only*) _____

If Funds Requested:

Airfare	\$ _____
Ground Travel	\$ _____
Meals	\$ _____
Hotel	\$ _____
Registration	\$ _____
Parking	\$ _____
Other	\$ _____ (<i>Explain: _____</i>)

TOTAL \$ _____

Faculty Signature: _____ Date _____

Departmental Approval: _____ Date: _____

Dean's Approval: _____ Date: _____

Comments: _____