

USC SUMTER TRAVEL DATA WORKSHEET

NAME

DATE

TITLE/DEPARTMENT

USC ID #

DEPARTURE DATE _____ TIME

AM PM

RETURN DATE

TIME

AM

PM

DESTINATION CITY/STATE/ZIP

1. PURPOSE

2. EXPLANATION/ JUSTIFICATION FOR REQUESTED FUNDING

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 **76** 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

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