

Travel Request for: _____
Best estimates

To be completed and approved prior to entering TA or Expense Report information into the USC PeopleSoft Travel system.

EVENT/CONFERENCE INFORMATION

Event/Conference: _____ Dates: _____ to _____

Location: _____ Conference Agenda attached: ☐

Address, City, State: _____

Specific Purpose of Trip: _____ Conference Presenter: ☐

Benefit(s) to the Department: _____

Payment Method: ☐ I am paying the registration and plan to be reimbursed via my Travel Expense Report.

☐ I would like for USC Salkehatchie to pay for my registration by check directly to the conference. After request is approved, send this form and your registration invoice to Amy Stanley in the Business Office for processing.

HOTEL INFORMATION

Conference Hotel Name: _____ Hotel Dates: _____ to _____

Address: _____ Check in: _____ Check out: _____

Phone Number: _____ Payment Method: _____

Other Info: _____

PER DIEM RATE

Per University Policy – No meals will be reimbursed for one-day travel. Reimbursement rates based on time of departure and time of return.

Breakfast: _____ x _____ Days Lunch: _____ x _____ Days Dinner: _____ x _____ Days Total _____
(In-State \$8 – Out of State \$10) (In-State \$10 – Out of State \$15) (In-State \$17 – Out of State \$25)

TRANSPORTATION

State Vehicle: ☐ Personal Vehicle: ☐ A State Vehicle is not available: ☐

	<i>Leaving</i>	<i>Returning</i>
Date		
Airline		
Ticket / Flight #		
Confirmation #		
Departure Time		
Arrival Time		

Best Estimate - Total Costs for Travel	
Conference Registration	
Hotel	
Per Diem (meals)	
Personal Vehicle Mileage _____ @ \$.76 per mile	
Airfare	
Baggage Fees	
Parking	
Shuttle/Taxi	
Incidentals	
Other	
TOTAL	

Date Employee Name Employee Signature

Date Supervisor Name Supervisor Signature

USC Travel Policy and Procedure website: <http://www.sc.edu/policies/ppm/fina100.pdf>.

Travel not approved in advance, will be considered unauthorized.

Return form to: _____