

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. 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 **72.5** 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 _____