

REQUEST FOR TRAVEL APPROVAL

DEPARTMENT OF MATHEMATICS

NAME: _____ SS NUMBER: _____

DESTINATION: _____

(University/College)

_____ U.S. Citizen or Green Card holder? Yes _____ No _____

(City, State, Country)

DATE LEAVING: _____

(MM/DD/YY)

DATE RETURNING: _____

(MM/DD/YY)

PURPOSE OF TRIP:

CONFERENCE: _____

PRESENTING A PAPER: YES ___ NO ___ INVITED ___

OTHER: _____

NO FUNDS REQUESTED; INSURANCE PURPOSES ONLY:	<input style="width: 90%; height: 20px;" type="text"/>
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FUNDS REQUESTED:

AIRFARE	\$
GROUND TRAVEL	\$
MEALS	\$
ROOM	\$
REGISTRATION	\$

PERSONAL VEHICLE WITH USC VEHICLE AVAILABLE MILES: _____ X \$	\$
PERSONAL VEHICLE WITH NO USC VEHICLE AVAILABLE MILES: _____ X \$	\$
NUMBER OF PASSENGERS	
PARKING	\$
OTHER (list)	\$
HONORARIUM (specify fund number)	\$

TOTAL FUNDS REQUESTED: \$ _____ FUND NUMBER(S): _____

BUSINESS MANAGER APPROVAL OF FUNDS: _____

CLASSES MISSED:	
HOW CLASSES COVERED: (GIVE NAME OF PERSON COVERING CLASSES)	
SIGNATURE:	DATE:
CHAIRMAN APPROVAL:	DATE: