

REQUEST FOR TRAVEL APPROVAL

DEPARTMENT OF MATHEMATICS

NAME: _____ VIP NUMBER: _____

DESTINATION: _____

(University/College)

(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:

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: _____