

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 \$0.495 | \$ |
| PERSONAL VEHICLE WITH NO USC VEHICLE AVAILABLE MILES: _____ X \$0.535 | \$ |
| 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: |