

# REQUEST FOR TRAVEL APPROVAL

NAME: \_\_\_\_\_

DESTINATION: \_\_\_\_\_  
(University/College)

\_\_\_\_\_  
(City, State, Country)

DATE LEAVING: \_\_\_\_\_  
(MM/DD/YY)

DATE RETURNING: \_\_\_\_\_  
(MM/DD/YY)

**SPECIFIC 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 Mileage with USC Vehicle Available Miles:            ×	
Personal Vehicle Mileage with NO USC Vehicle Available* Miles:            ×	
Number of Passengers	
Parking	
Other Anticipated Expenses	

TOTAL FUNDS REQUESTED: \_\_\_\_\_

FUND NUMBER: \_\_\_\_\_

FUND NUMBER: \_\_\_\_\_

**Classes Missed:**

**How Classes Covered:**  
 (Give name of person(s) covering your class(es))

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM/DD/YY)

Chairman's Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM/DD/YY)

Approved Funds: \_\_\_\_\_

Comments: \_\_\_\_\_

\*A statement from the State Fleet Management Office verifying the unavailability of a vehicle must accompany the TRV to be reimbursed at the 50.5 cents rate.