

**USC SUMTER TRAVEL DATA WORKSHEET** (please type)

- (1) DATE \_\_\_\_\_
- (2) NAME \_\_\_\_\_ (3) VIP ID # \_\_\_\_\_
- (4) POSITION TITLE/DEPARTMENT \_\_\_\_\_
- (5) DEPARTURE DATE \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM (6) RETURN DATE \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM
- (7) DESTINATION (City & State) \_\_\_\_\_

**\* If additional space is needed for sections 8, 9, and/or 10, please use the other side of this sheet or attach a separate sheet. All information must be typewritten.**

- \* (8) PURPOSE \_\_\_\_\_
- \* (9) FACULTY RESPONSIBILITIES (Use separate sheet below)
- \* (10) EXPLANATION AND JUSTIFICATION FOR WHY THIS REQUEST SHOULD BE FUNDED: \_\_\_\_\_
- \_\_\_\_\_
- (11) RELEVANCE OF ACTIVITY TO INSTITUTIONAL MISSION/PURPOSE/GOALS: (optional) \_\_\_\_\_
- \_\_\_\_\_

**TRANSPORTATION:**

- (12) \_\_\_\_\_ 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 participants (List or attach separate sheet.) \_\_\_\_\_
- \_\_\_\_\_ Personal Vehicle (**Maximum mileage allowed for reimbursement is 500 miles**)  
 \_\_\_\_\_ Mileage \_\_\_\_\_ miles x 49.5 cents per mile (**Requires prior approval-**  
 if state car is available, but you choose to drive your own vehicle) \_\_\_\_\_  
 \_\_\_\_\_ Mileage \_\_\_\_\_ miles x 53.5 cents per mile (no state car is available) \_\_\_\_\_  
 (**Statement must accompany TRV that no state car is available**)
- \_\_\_\_\_ Commercial Airline \_\_\_\_\_

**SUBSISTENCE:**

- (13) Lodging: Rate per night \$ \_\_\_\_\_ + \_\_\_\_\_ % (tax) x \_\_\_\_\_ nights = \_\_\_\_\_
- (14) Meals (show only those that were *not* included in the registration fee that was paid) \_\_\_\_\_

**OTHER EXPENSES:**

- (15) Registration Fee \_\_\_\_\_
- Parking Fee \_\_\_\_\_
- Other \_\_\_\_\_

**(16) TOTAL ESTIMATED COST** \_\_\_\_\_

(17) "A" funds in the amount of \$ \_\_\_\_\_ will be used to fund part/all of this trip. I recommend that the Faculty/Staff Development Screening Committee consider funding the balance of this trip as estimated in line (16), above.

DEPT #17440 FUND # \_\_\_\_\_ CLASS # \_\_\_\_\_

(18) DEPARTMENT/DIVISION HEAD APPROVAL \_\_\_\_\_ Date \_\_\_\_\_

(19) Endowment funds in the amount of \$ \_\_\_\_\_ will be used for this request from 1B1473 Faculty/Staff Development Fund/B11344 WBE Faculty Excellence Fund

Chair of the F/S Development Screening Committee APPROVAL/DISAPPROVAL  
 \_\_\_\_\_ DATE \_\_\_\_\_

DEPT # 17440 FUND # \_\_\_\_\_ CLASS # \_\_\_\_\_

**This worksheet MUST be submitted, with approvals, to Bruce Blumberg NO LATER THAN TWO WEEKS prior to departure date.**

8) PURPOSE:

10) EXPLANATION AND JUSTIFICATION FOR WHY THIS REQUEST SHOULD BE FUNDED:

11) RELEVANCE OF ACTIVITY TO INSTITUTIONAL MISSION/PURPOSE/GOALS:

**USC SUMTER FACULTY RESPONSIBILITIES** (please type and attach separately; this section is to be retained by the approving authority)

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 \_\_\_\_\_