

# Staff Travel Procedures Effective July 1, 2024

1. **Guidelines for Requesting Funds from A** 
   1. *All full-time staff* are eligible for a professional development trip for up to four consecutive days within the fiscal year. It is permissible to take more than one trip. Trip funding is contingent on available resources.
   2. Support for travel comes from “A” funds in USCL’s professional development budget (#52024).
   3. Mileage reimbursements for single-day regional travel relating to USCL sponsored activities are not considered as part of this process. Those will be evaluated on a case-by-case basis.
2. **Request Process**
   1. November 15: Deadline for staff to submit a completed Staff Travel Request Form to their supervisor. If approved, the supervisor will forward the request to the Associate Dean.
   2. If more than one request is being made for the fiscal year, the employee should indicate which professional travel opportunity has priority.
   3. If approved by supervisor and Associate Dean, the supervisor shall notify the employee and forward the Travel Authorization Form to the Associate Dean.
   4. The Associate Dean submits the approved Travel Request Form to the Business Office for processing.
   5. The traveler will receive a link via e-mail to approve the submitted travel authorization.
   6. From there, the form goes to the Dean, then the Business Office, the USC Travel/Controller’s Office.
   7. Once the traveler returns from the trip, the traveler will submit all receipts to the Business Office for reimbursement. The receipt must be submitted within 30 days of return or, in the case of June travel, before the end of the fiscal year (July 1).

Staff Travel Request Form

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **STAFF INFORMATION** | | | | | | | |
| FIRST NAME | |  | LAST NAME | |  | |
| EMAIL ADDRESS | |  | | | | |
| USC ID | |  | | | | |
| TRAVEL INFOMATION | | | | | | | |
| TRAVEL START DATE | |  | TRAVEL END DATE | | |  |
| CITY |  | | STATE |  | | |
| COUNTRY | |  |  | | | |
| TRAVEL PURPOSE please provide details about the travel including its contribution to professional development. | |  | | | | |
|  | | | | | | |
| ESTIMATED EXPENSES | | | | | | |
| REGISTRATION FEE | |  | HOTEL | | |  |
| AIRFARE | |  | AUTO RENTAL | | |  |
| PARKING | |  | # OF MILES DRIVING IF PERSONAL VEHICLE | | |  |
| MEALS/PER DIEM | |  | OTHER | | |  |
|  | |  |  | | |  |
| TOTAL PROJECTED BUDGET | | | | | |  |
| SOURCE OF FUNDS | | | | | | |
| Grant funded\* | | Yes | No | | |  |
| DEPT | |  | GRANT FUND | | |  |
|  | |  |  | | |  |
| If not grant funded | |  |  | | |  |
| DEPT | | 945505 | A FUND | | | A0001 |