USC SUMTER TRAVEL DATA WORKSHEET

NAME DATE

TITLE/DEPARTMENT USC ID #

DEPARTURE DATE_____ TIME AM☐ PM☐ RETURN DATE TIME AM☐ PM☐

DESTINATION CITY/STATE/ZIP

1. PURPOSE
2. EXPLANATION/ JUSTIFICATION FOR REQUESTED FUNDING

If additional space for 1, 2, 3 or 4 is needed, please TYPE on an additional sheet and attach to this form.

TRANSPORTATION

☐ 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 PASSENGERS_____

☐ PERSONAL VEHICLE (MAXIMUM MILEAGE ALLOWED FOR REIMBURSEMENT IS 500 MILES)

MILEAGE = _____MILES X **76** CENTS PER MILE =$

☐ COMMERCIAL AIRLINE (TICKET COST) =$

SUBSISTENCE

LODGING RATE PER NIGHT $_____ + _____% (TAX) x _____ # NIGHTS =$

MEALS (SHOW ONLY THOSE THAT WERE NOT INCLUDED IN THE REGISTRATION FEE THAT =$

WAS PAID) OTHER EXPENSES (REGISTRATION FEE , PARKING =$

FEES , OTHER) **TOTAL ESTIMATED COST** **=$**

TRAVELER SIGNATURE **DATE**

SUPERVISOR APPROVAL **DATE**

A FUNDS AMOUNT $

STAFF
964405-A0001-603 APPROVED

FACULTY
964400-A0001-101 APPROVED

OTHER APPROVED

ENDOWMENT FUNDS REQUESTED $_____
966800-L1100-202

AMOUNT APPROVED $

_____ DATE_____
CHAIR OF THE FACULTY STAFF DEVELOPMENT SCREENING COMMITTEE

THIS WORKSHEET **MUST** BE SUBMITTED TO SUPERVISOR NO LATER THAN TWO WEEKS PRIOR TO DEPARTURE DATE.

REVISED 07/2026

USC SUMTER FACULTY RESPONSIBILITIES

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