

INITIAL REQUEST FOR TRAVEL AUTHORIZATION

PERSON COMPLETING FORM: _____ TODAY'S DATE _____

TRAVELER: _____ SOCIAL SECURITY NO. ____-____-____

PURPOSE OF TRIP: _____

DURATION OF TRIP: FROM _____ UNTIL _____

DESTINATION OF TRIP: FROM _____ TO _____

Does this authorization supersede a previously approved trip? Yes / No. If yes, give TA# _____

METHOD OF TRAVEL: (CHECK ONES THAT APPLY)

BUS		PERSONAL VEHICLE	
PLANE		UNIVERSITY VEHICLE	
RAILROAD		OTHER- Explain	

ESTIMATED COST:

CATEGORY:	AMOUNT:
Transportation (not to include USC vehicle)(reimbursement rate for driving personal vehicle 30.5 cents/mile – if requested University vehicle unavailable 31 cents/mile)	\$
Subsistence (meals and housing) (in state breakfast \$6.00/Lunch \$7.00/Dinner \$12.00)(out-of-state breakfast \$7.00/Lunch \$9.00/Dinner \$16.00)	\$
Other Expenses (Explain- registration, meal plan, etc.)	\$
Estimated Total Cost	\$

ACCOUNT INFORMATION:

DEPARTMENT	FUND	CLASS	ANALYTICAL	AMOUNT
				\$

IF THIS IS A VISITOR TO USC THAT YOU ARE HOSTING, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Mailing Address (include zip code): _____

Do we need to find accommodation for this visitor? Yes ____ No ____

If yes, which nights? _____ Smoking ____ Non-smoking ____

Pay honorarium: Yes ____ No ____