

UNIVERSITY OF SOUTH CAROLINA PHYSICS AND ASTRONOMY DEPARTMENT TRAVEL AUTHORIZATION FORM



This form is to be completed by traveler and approved before taking a trip.

Person Completing Form:
Destination:
Traveler:
Domestic Foreign *USC VIP ID:
Purpose of Travel:
Duration of Travel: From To
Is this reimbursement for a NON RESIDENT ALIEN? Yes No
Does this authorization supersede a previously approved trip? Yes No
If so, give TA Number
SECTION I – ACCOUNTING INFORMATION
Department Number: Fund Number:

	SE	CTION II –	METH(DD OF TRA	VEL		
Plane – Amount: _ Bus – Amount: _ Train – Amount: _ Rental Car – Amou							
State Vehicle	Yes	No					
Online registration	for State Vehicle	e: http://ww	w.ogs.sta	ate.sc.us/stat	efleet/Sl	FM-operatio	ons.phtm
Personal Vehicle (certificate of non-avaneeds to alert Motor	ailability when a	vehicle is not	availabl	e through the		_	
Round Trip Mileag	e:			.747	.585	Amount: _	
Personal Vehicle:]	No Reimburs	sement				
Subtotal Amount for Section II:							
		SECTION	III – SU	BSISTENCE	E .		
Some hotels give a shttp://www.state.sc.u the travel request ha	ıs/mmo/mmo/pub	oform.htm. E					
Lodging – Cost Per Night (included) Is the conference being accommodations are	ng held at hotel v	vhere	Yes	# Night(s):		_ Total:	
Meals – Rate/day:		Number of	Days: _			_ Total:	
Reimbursement for r	neals is based on	time of depar	ture and	time of retur	n. See b	elow:	
Time of Departure Before 6:30 AM Before 11:00 AM Before 5:15 PM				<u>Meal</u> Breakfast Lunch Dinner		<u>In-State</u> \$6.00 \$7.00 \$12.00	Out-Of-State \$7.00 \$9.00 \$16.00
		Subtotal Amount for Section III:					

SECTION IV – OTHER EXPENSES							
Registration Fee:	Yes N	No	Waived	Amount:			
Taxi, Shuttle, Subway, etc Airport/Hotel Parking –	-			Amount:			
Personal Calls – Data Port/Business Calls –				Amount:			
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Other –				Amount:			
(please explain):							
Subtotal Amount for Section IV:							
SECTION V – SUMMARY							
SECTION II – TRAVEL SECTION III – SUBSISTE SECTION IV – OTHER EX				Amount:Amount:			
			Grand Total	(estimate):			
To be filled out by main office:							
TA Number:		Precommitn	ent Number:				

Please return this form to Evelyn V. Wong by mail:

University of South Carolina
Physics & Astronomy Department
712 Main Street
Columbia, SC 29208

or by e-mail:

wonge@sc.edu

If this is a visitor to USC that you are hosting, please provide the following information:

Mailing Address:			
E-mail:			
Phone Number(s):			
Do we need to find accommodation for this visitor?	Yes	No	
If yes, which night(s)?		Smoking	Non-Smoking
If so, where?			