

MECHANICAL ENGINEERING TRAVEL AUTHORIZATION INFORMATION FORM

Requested by _____
Name of Traveler

--	--	--	--	--	--	--	--	--	--	--

Social Security Number

For the purpose of _____
Must be more specific than University business, attending conference, seminar speaker or research *DETAILS REQUIRED*

Duration of Trip: From _____ To _____
Mo. Day Yr. Mo. Day Yr.

Destination of Trip _____

Does this authorization supersede a previously approved trip? _____ If so, give T.A. No. _____

Method of Travel
Common Carrier
Bus.....[]
Plane.....[]
Railroad.....[]
Other
Personal Vehicle.....[]
University Vehicle.....[]
Other – Explain _____

Estimated Cost	AMOUNT
Transportation (Does not include USC vehicle)	
Subsistence	
Other Expenses (EXPLAIN)	
Estimated Total Cost	

Account(s) to be charged				
Dept.	Fund	Class	Analytical	Amount**

**Amount to be reimbursed

IF YOU NEED TRAVEL ARRANGEMENTS, PLEASE COMPLETE THE FOLLOWING THAT APPLY:

AIR: Preferred Departure Time _____ Return Time: _____ Airfare \$ _____

Depart Columbia	Return Columbia	Seating
<input type="checkbox"/> ← Morning → <input type="checkbox"/> <input type="checkbox"/> ← Noon → <input type="checkbox"/> <input type="checkbox"/> ← Afternoon → <input type="checkbox"/> <input type="checkbox"/> ← Evening → <input type="checkbox"/>	<input type="checkbox"/> Window <input type="checkbox"/> Aisle	

VEHICLE:

USC vehicle – Is vehicle reserved? Yes No If rental car: \$ _____/day X _____ # of days = \$ _____

Rental car – Is vehicle reserved? Yes No If rental car: \$ _____/day X _____ # of days = \$ _____

Type of car: Compact Mid-size Full size Luxury Other Agency: _____

HOTEL: _____ Telephone # () _____

Single Double Queen King \$ _____/day X _____ number of days = \$ _____

FURTHER INSTRUCTIONS: _____
