Please fill in information about the traveler an	d destination
Name of Traveler:	
USC ID:	
Classification (Student, Faculty, Post-Doc)	
Purpose of Travel (Must list the name of	
conference or meeting):	
Destination City:	
State/ Territory or Province:	
Dates of Travel:	
Please enter the estimated costs for each it	 tem listed in USD
Air Travel Expense:	
Car (Number of miles driven x \$0.70): List the	
\$ amount	
Hotel and Lodging:	
Meals (\$35 per day in state and \$50 per day	
out of state allowed):	
Registration:	
Ground Transportation (Ubers, Taxis, Lyfts,	
Trains):	
Parking:	
Miscellaneous Travel Expense:	
Please list what the miscellaneous travel	

OP UNIT	DEPT	FUND	ACCOUNT	CLASS	PCBU	PROJECT	ACTIVITY	AMOUNT

Other: Please include any additional details about the travel that is releva-					
. If you have a trave	al award from the graduate cabael, a carry of the				
•	el award from the graduate school, a copy of the tyou have been approved for the award must be				
included.					
• "If you have other	r travel awards or will be dividing costs with				
someone else, ple	ease add notes in the section titled "Other."				
Submission of travel aut	thorizations should be submitted at least seven (7)				
	he travel expense voucher for reimbursement shoul				
	ven (7) days after return to campus. Lodging receipt				
for all other costs.	e travel expense voucher along with itemized receip				
ioi un other costsi					
Χ	X				

Name of PI (print)

Submission date for the form: