

Division of Occupational Therapy Travel Support Request

Name of Requestor: _____

Dates of Requested Time Off for Travel: _____

Business Purpose: (Example: To attend xxx Conference, to present a keynote address at yyy).

Destination: _____

Notes: (This section may be used to indicate what arrangements have been made to cover classes, if applicable) _____

Travel Categories Requested:

Transportation	Amount
Airfare	
Car Rental (Days x Rate)	
Local Mileage (Miles x Rate) Click here for Maximum Rates **	
Taxi or Shuttle	
Subtotal Transportation	

Hotel/Lodging	Rate (including Taxes)	Days	Amount
1.			
2.			
3.			
Subtotal Hotel Lodging			

Other	Rate	No	Amount
1. Registration			
2.			
3.			
Subtotal Other			

Meals	Est. Daily Amt	Days	Amount
Click here for Maximum Rates **			

** You will be prompted for USC NetID to visit this link. The current per diem rate should be used for budgeting purposes.
Reimbursement will be based on actual receipts.

Grand Total	
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Approved: _____ Date: _____

Grace Baranek, Associate Dean and Division Chair

Full Amount: Y N
Partial Amount _____