Chan Division of Occupational Science and Occupational Therapy

Travel/Conference Pre-approval Request Form

To be used for all business travel and conferences (virtual or in-person)
that involves time away from office and/or reimbursement of allowable expenditures
(July 1, 2026 – June 30, 2027)

All business travel and attendance at conferences, irrespective of funding source, must be pre-approved using this form. This pre-approval request form should be submitted at least 30 days prior to travel/event. The Division will not process "after-the-fact" approvals. The maximum allowance from the Division's FY27 operating budget is $4,000 total for travel to conferences across the year. Please complete one form per conference/event. For travel that will be paid from other sources, requests will be reviewed case by case, depending on the purpose of travel and policies specific to those sources, and may exceed $4,000, if allowable.

All travel is subject to availability of funds and justifiable purpose for essential job functions. See detailed information and maximum amounts for a list of conferences in the accompanying Chan travel policy (https://chan.usc.edu/resources/forms-and-documents) for FY27.

Traveler/Requestor Information

Name: _____ Date: _____

*Even if funded by another organization, please complete this form for approved time off.

Position: ☐ Faculty ☐ Staff ☐ Post-doc

Employment status (check all that apply):
☐ Full-time ☐ Part-time ☐ Adjunct/Retired
☐ 9 months

Conference/Business Event Information

Name of conference/event: _____

City/State: _____ Country: _____

Dates of conference/event: _____

Dates of requested time off: _____

_____ # paid workdays _____ # paid time off/vacation days

What coverage have you arranged for your days off?

_____

_____

Travel/event purpose (check all that apply):

☐ Present at conference/workshop
☐ Staff an event (e.g., booth, reception)
☐ Invited Lecture/Keynote
☐ Required business meeting (e.g., ALC, AOTA board) – specify: _____
☐ Attend Professional Development Training
☐ Other – specify: _____

Participation Format

Are you presenting in-person or virtually? ☐ In person, no virtual option is available ☐ In person, virtual option is available ☐ Virtual ☐ Attending, but not presenting

If a virtual option is available, explain why it is critical to attend in person:

_____

_____

If you are presenting, check all that apply:

☐ First author ☐ Co-author ☐ Invited/keynote address
☐ Poster ☐ Oral paper ☐ Workshop ☐ Short course
☐ Other: _____

Primary presentation title: _____

Presentation length: _____ hours ____ minutes

Authors: _____

List all authors (last names only) in order of authorship/contribution and attach copy of your formal notification/acceptance of paper/poster.

Have you presented this content elsewhere? ☐ Yes ☐ No

If **yes**, please provide justification for why you should present the same material again: _____

_____

NOTE: If you have multiple presentations or purposes at the same conference, please use additional lines here to describe additional presentations, business purposes or roles at the event:

_____

_____

Are you requesting funding from the Division operating budget? ☐ Yes ☐ No

Do you have other funding to cover this event (e.g., grant or start-up fund)? ☐ Yes ☐ No

If **Yes**, describe source/account, and disclose if funder is an outside agency national or international:

_____

_____

How much funding (from Division's operating budget) have you used/been approved to use in this fiscal year? Describe details: _____

TABLE OF COST ESTIMATES & FUNDING SOURCES FOR BUSINESS TRAVEL/CONFERENCES FOR INDIVIDUAL EMPLOYEE (NOT TEAM)

Please complete the itemized cost estimates for attendance/travel to conference/event and identify source of funding for each below:

Expenditures/categories	Vendor	Rate (including taxes)	Dates	Estimated cost	Funding source
Air Travel • Outbound • Return				$	
Car rental (days x rate)				$	
Local mileage (miles x rate)				$	
Taxi/Ride Share/Public Transit				$	
Hotel/Lodging ($400/night limit incl. all fees)				$	
Registration Fee				$	
Poster printing				$	
Meals ($100 per day allowed from Division budget; itemized receipts required)				$	
Other – explain:				$	
			Estimated total	$	

If you are not presenting, please provide detailed justification for in-person attendance at conference/event related to essential job functions, and whether a virtual option is available:

_____

_____

_____

_____

TRAVEL FOR GRANT/CONTRACTUAL AGREEMENTS ONLY (PI OR TEAM)

Please fill out this section only if you have a funded grant/contract that requires you or the team to travel for allowable grant deliverables such as data collection, training, meetings at collaborating sites etc.

Project/Grant Title: _____

Grant Account(s) to Charge:

_____

Grant-Related Travel Dates:

_____

List of all traveler(s), titles and roles on your research team:

_____

Purpose of Grant Travel: Please provide a short summary including grant/contractual obligations:

_____

_____

_____

_____

Grant-Related Travel Itinerary & Specific Agenda (Please fill out table or attach itinerary.)

Date	Activity Description (e.g., Training, Focus Groups, Interviews with Participants)	Location

Table of Estimated Costs of Grant-Related Travel (Please add lines as needed.)

Team Member/ Traveler Name	Description of Allowable Expenditure/Category (e.g., hotel, flight, car)	Cost Estimate	Dates of item in description and other notes
		$	
		$	
		$	
Total Estimated Cost		$	

Pre-Approval Request Form Routing Instructions:

Email the completed form to your supervisor (e.g., unit manager, or person who completes annual performance evaluation, and Associate Chair for your area) at least 30 days prior to travel. Also, submit supporting documentation such as the official acceptance of your presentation or the grant team's itinerary along with this form. It is the requestor's responsibility to ensure that your request has been approved before booking travel. The supervisor will review and approve your time off and coverage of responsibilities. If the supervisor is not an Associate Chair (AC), they will route next to the AC for approval and recommendations of funding amounts. Supervisors/ACs are asked to review and respond as quickly as possible, ideally within 1-2 weeks of the submission.

- Employees primarily engaged in patient care should submit requests to Dr. Chantelle Rice Collins.
- Employees primarily engaged in teaching, admissions, and FW should submit requests to Dr. Julie McLaughlin Gray.
- Employees primarily in IT, CE, global initiatives, marketing/communications, and special events should submit requests to Dr. Sarah Bream.
- Employees primarily engaged in research should submit requests to Dr. Mary Lawlor.
- Associate Chairs should submit their own requests to Dr. Grace Baranek.

Once the Associate Chair signs off, the form will be routed to the Associate Dean/Chair's office for review, approval, and administrative processing. (Please email chair@chan.usc.edu, and cc Sonia De Mesa, sonia.de.mesa@chan.usc.edu). Once approved, a copy will be emailed back to the requestor, the AC, and Stephanie Lee (stephanie.lee@chan.usc.edu), who processes reimbursements in the Division after the travel is completed. It is the employee's responsibility to ensure that all pre-approvals are completed in written form prior to engaging in travel/activity.

For faculty traveling to conferences to present, up to **$100 per day** may be reimbursed for meal expenses when paid from the Division account, provided that **itemized receipts** are submitted. Meal expenses charged to grant funds may exceed this amount, as long as they comply with the university's food/meal policy. For staff working university events, existing reimbursement policies remain unchanged. All meal and related expenses require **itemized receipts**, and **per diem reimbursements are not permitted**. Chan does not process food or beverage reimbursements unless the staff member is traveling out of town to work at a mandatory university event (e.g., events coordinator working the AOTA booth and reception). All itemized receipts need to be submitted for reimbursement within 30 days of returning from the trip through USC Concur. Please note that the IRS may tax any reimbursements that occur after 60 days (https://policy.usc.edu/reimbursements/).

If an outside source such as another university or agency is providing funding or honoraria for travel, please fill out a disclosure for potential conflict of interest or conflict of commitment in the diSClose portal https://ooc.usc.edu/wp-content/uploads/2023/06/diSClose-Instructions-2023.06.23.pdf .

Also, please note that all reimbursements require review and approval by the Ostrow business office (Concur system). Traveler/requestor is solely accountable for accuracy of all information and policy violations. University Policy links:

- General USC travel expense policy: https://sites.usc.edu/procurement/travel-expense/request-reimbursements/
- USC supplemental travel policy: https://policy.usc.edu/travel-expenditures-supplemental-policy/
- Chan conference/travel policy for FY26: https://chan.usc.edu/resources/forms-and-documents
- Conflict of interest and commitment policy: https://policy.usc.edu/conflict-of-interest-and-commitment/
- International Travel Guidance https://ooc.usc.edu/compliance-programs/international-activity/international-travel-guidance/
- Meal Limit https://sites.usc.edu/procurement/travel-expense/request-reimbursements/maximum-rates/

SUPERVISOR/AC APPROVAL/SIGN OFF:

Supervisor/Associate Chair should review the application thoroughly, including purpose/dates, compliance with all policies, and budget limitations. Please complete the following section and sign off before routing to office of the Associate Dean and Chair (Chair@chan.usc.edu) & Business Manager (Sonia De Mesa, sonia.de.mesa@chan.usc.edu)

Time off approval:

☐ Yes Approved Dates and Coverage: _____

☐ No

Funding approval:

☐ Yes Total amount recommended: $_____

Source(s) of funding and amounts:

_____

_____

☐ Division travel fund $_____

☐ Faculty startup/research fund $_____

☐ Grant (name _____) $_____

Other source of funding (name _____) $_____

☐ No. Reason: _____

_____

Comments: _____

_____

Have you approved prior funding for this employee using your Division operating budget in FY26?

☐ Yes ☐ No

_____

_____

If **yes**, please provide the total amount previously approved: _____

_____

Supervisor Name: _____

_____ _____

Supervisor signature Date

AC Name: _____

_____ _____

AC signature Date

DEAN/DEAN'S DESIGNEE APPROVAL/SIGN OFF

Associate Dean and Chair Signature

_____ _____

Dr. Grace Baranek, Associate Dean & Chair Signature Date

A copy of the final determination will be sent to the requestor and their supervisor/AC.