



**MEDICAL UNIVERSITY OF SOUTH CAROLINA
TRAVEL ITINERARY DATA SHEET**

THIS FORM AUTHORIZES THE TRAVELER TO CONDUCT BUSINESS FOR THE
DEPARTMENT OF _____,
WHILE IN A TRAVEL STATUS FOR THE MEDICAL UNIVERSITY OF SOUTH CAROLINA.

NAME _____ PHONE NUMBER _____
 ADDRESS _____
 EMPLOYEE ID _____ DESTINATION _____
 PURPOSE OF TRIP _____
 DATE AND TIME OF DEPARTURE _____
 DATE AND TIME OF RETURN _____

IN CASE OF EMERGENCY, NOTIFY THE FOLLOWING:

NAME _____
 ADDRESS _____
 PHONE NUMBER _____

MODE OF TRANSPORTATION:

PLANE ____ AIRLINE _____ DEP FLIGHT #s _____
 CAR ____ RET FLIGHT #s _____

LODGING:

HOTEL NAME _____
 ADDRESS _____
 RESERVATIONS GUARANTEED YES ____ NO ____

WORKGROUP _____ PROJECT _____

ESTIMATED COSTS

MILEAGE	MEALS	LODGING	AIR TRANS	OTHER TRANS	MISC

DEPARTMENT HEAD APPROVAL

TRAVELER'S SIGNATURE

By signing this the traveler certifies that, in accordance with State of South Carolina regulations, while traveling on business of the State, "the most economical mode of transportation" was used. In the event tourist class accommodations are not available, a certification must be made to this effect. OUT OF STATE TRAVEL BY PRIVATE AUTOS IS NOT PERMITTED WITHOUT PRIOR APPROVAL.