



MEDICAL UNIVERSITY OF SOUTH CAROLINA
TRAVEL INTINERARY DATA SHEET

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

NAME:

ADDRESS:

EMPLOYEE ID #:

DESTINATION: APPROXIMATE MILEAGE:

PURPOSE OF TRIP:

DATE AND ESTIMATED TIME OF DEPARTURE:

DATE AND ESTIMATED TIME OF RETURN:

IN CASE OF EMERGENCY, NOTIFY THE FOLLOWING:

NAME:

ADDRESS:

TELEPHONE #:

MODE OF TRANSPORTATION

PERSONAL CAR: DEPARTURE RETURN

AIRLINE: FLIGHT # DEPART RETURN

LODGING: HOTEL NAME

ADDRESS:

NUMBER WHERE TRAVELER CAN BE REACHED:

RESERVATIONS GUARANTEED: YES NO

COMMENTS:

BUDGET INFORMATION - TO BE FILLED OUT BY WORKGROUP APPROVER

WORKGROUP NAME:

UNIT & PROJ:

WORKGROUP APPROVAL SIGNATURE:

DEPARTMENT HEAD APPROVAL

TRAVELOR'S SIGNATURE