

Please submit to RMD-Travel@usf.edu at least **10 business days** prior to the travel start date

Student Success RMD - Travel Request Form

TRAVELER DETAILS

Department _____

Traveler Name _____

Employee ID _____

Relationship to USF _____

Traveler email address _____

TRAVEL DETAILS

Description _____
Name of conference, event, or brief travel descriptor

Business Purpose _____

Start Date	End Date	Destination (City, State)

Reason for Travel
Please enter a brief overview of your trip and reason for travel _____

EXPENSE DETAILS

Is this Travel Funded by your department?

Chartfield
If split distribution, please enter details in the Comments section

Op Unit	Fund	Dept	Product	Initiative	Project

Expense Details

Expense Type	Amount (USD)	Payment Method

Total Projected Expenses

COMMENTS

Please enter any additional details about your travel plans that can help RMD and UCO Travel understand the projected arrangements (Examples: plan to share expenses with other travelers, will have a modified itinerary for personal reasons, departing from an alternative location due to personal reasons, expenses to be covered by another organization and not by USF, plan on staying with friends or family instead of hotel, etcetera).

APPROVALS

ALL SIGNATURES ARE REQUIRED - FORM WILL BE REJECTED IF SIGNATURES ARE MISSING

Traveler Date

Director Date

AVP Date