DEPARTMENT OF ENGLISH GRADUATE STUDENT TRAVEL REQUEST

Please complete all information and submit to the Graduate Office at least a week before you leave. Approval must be received prior to your departure.

			DATE:	
Name:	UofSC ID:			
Purpose of Travel:				
Giving Lecture	Reading Paper			
Charing Session	Other			
Title of Work:				
Name of Conference:				
City:	State:			
Check here if you have applied for	a Graduate School Travel 0	Grant for this travel		
Check here if you have already rec	eived a Graduate School Tr	avel Grant this acade	emic year	
Date Leaving:	Date Returning:			
Via: Plane	Train	Personal Vehicle:		
Estimated Costs	Estimated Amou	nt Ap	oproved Amount	
Transportation Plane or Train round trip				
Personal Vehicle Round trip mileage	x 0.515			
Per Diem				
Lodging				
\$50 per day for meals				
Registration, Parking, local transpo	ortation			
Total Requested				