

Your Name

USC ID

Date Leaving Home Base	mm/dd/yy	Time	am/pm
Date Returning Home Base	mm/dd/yy	Time	am/pm
Specific Purpose of Travel and Destination			

**Add. Funding :** \*List additional funding sources besides department approved amount on this sheet. List Commitment # or project # and specify the amount authorized to be used. Include funds applied for at CAS, regardless if awarded yet or not.

**Section I – Methods of Transportation**

Airfare Total	
Luggage Fees	
Taxi/Rideshare Amount	
Personal Vehicle Mileage One way / departure @ \$0.70/mile (70¢)	
One way / return @ \$0.70/mile (70¢)	
<b>Subtotal Section I</b> (mileage rate updated 01/2025)	

**Section II – Subsistence**

Lodging cost per night (including taxes): \$	per night	nights =	
Meal allowances:			
In state	B = \$8.00	L = \$10.00	D = \$17.00 \$35.00 per day max
Out-of-state	B = \$10.00	L = \$15.00	D = \$25.00 \$50.00 per day max
List all dates of business travel that you will claim per diem in box below:			
			Enter per diem total below
In-state/Out-of-state daily per diem x # of days (for foreign per diem, see links below)			
<a href="#">Click Here for State Dept. rates</a> , <a href="#">Click Here for Appendix B (consult Evan for guidance)</a>			
<b>Subtotal Section II</b>			

If meals were provided as part of registration, you cannot claim the expense. Meal receipts are not required. Out-of-country per diem is based on country and city.

**Section III – Other Expenses (Original receipts must be provided for this section)**

Registration	
Taxi, shuttles, subways	
Airport/hotel parking	
Rental car	
Gas for rental car only, not personal vehicle	
Other	
<b>Subtotal Section III</b>	

**Section IV – Summary**

Section I Transportation	
Section II Subsistence	
Section III Other	
<b>Grand Total Requested</b>	

Total amount approved

Department Chair (or Assoc. Chair) Signature:

Date: