



SOUTH CAROLINA STATE UNIVERSITY
ORANGEBURG, SOUTH CAROLINA
REQUEST FOR FOREIGN TRAVEL

Travel Date: _____ Requesting Department: _____

Traveler's Name: _____

Travel Destination: _____

Purpose of Travel: _____

Travel To Begin: _____

Travel To End: _____

Estimated Total Cost of Travel: _____

Source of Funds: _____

Requestor _____

Date: _____

Approved _____

Date: _____

DEAN/CHAIR/VICE PRESIDENT

Approved _____

Date: _____

VICE PRESIDENT OF FISCAL AFFAIRS

Approved _____

Date: _____

PRESIDENT