



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

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Travel Date: \_\_\_\_\_ Requesting Department: \_\_\_\_\_

Traveler's Name: \_\_\_\_\_

Travel Destination: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

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Travel To Begin: \_\_\_\_\_

Travel To End: \_\_\_\_\_

Estimated Total Cost of Travel: \_\_\_\_\_

Source of Funds: \_\_\_\_\_

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Requestor \_\_\_\_\_

Date: \_\_\_\_\_

Approved \_\_\_\_\_

Date: \_\_\_\_\_

DEAN/CHAIR/VICE PRESIDENT

Approved \_\_\_\_\_

Date: \_\_\_\_\_

VICE PRESIDENT OF FISCAL AFFAIRS

Approved \_\_\_\_\_

Date: \_\_\_\_\_

PRESIDENT

**APT 4**

Last Revised 11/14/14