

**SOUTH CAROLINA DEPARTMENT OF  
DISABILITIES AND SPECIAL NEEDS**

**PERMISSION FOR TRAVEL**

**REQUEST FOR TRAVEL:**  OUT-OF-STATE  
 OVER-NIGHT  
*(Check all applicable)*

NOTE: Submit two (2) copies to Central Office. One copy will be returned to division after processing.

**PERMISSION IS REQUESTED FOR TRAVEL FOR:**

Name of Employee \_\_\_\_\_ Position Title \_\_\_\_\_ Division \_\_\_\_\_

ROUTE: From \_\_\_\_\_ To \_\_\_\_\_ and return.

PURPOSE OF TRAVEL *(Be specific; identifying meetings, etc.)*

**EXPECTED ACCOMPLISHMENTS** *(Value to the Center, Department, State of South Carolina):*

INCLUSIVE DATES OF TRAVEL \_\_\_\_\_ through \_\_\_\_\_

MEANS OF TRANSPORTATION:  State Car  Private Vehicle  Plane  Train  Bus

**ESTIMATED COST OF TRIP**

Transportation	\$ _____
Per Diem	\$ _____
Registration	\$ _____
*Total Hotel (Number of nights _____ x \$ _____ per night)	\$ _____
*If hotel rate exceeds \$89 per night <i>or</i> the GSA rate for that city, a <a href="#">Request for Lodging in Excess of Allowable Cost</a> form and a <a href="#">CGO Travel 12/09 C</a> form must be attached.	
Total Trip Expense	\$ _____

Approval Requested: \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Approval Recommended: \_\_\_\_\_  
Division Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Regional Center Approval: \_\_\_\_\_  
Facility Administrator \_\_\_\_\_ Date \_\_\_\_\_

Central Office Approval: \_\_\_\_\_  
State Director \_\_\_\_\_ Date \_\_\_\_\_

\*TO OBTAIN THE CURRENT GSA MAX LODGING RATE, GO TO [WWW.GSA.GOV](http://WWW.GSA.GOV) AND CLICK ON THE "POLICY" TAB. SCROLL DOWN TO "TRAVEL MANAGEMENT" AND CLICK ON THE BULLET "PER DIEM RATES".

**CENTRAL OFFICE USE ONLY:**

MANDATORY ACCOUNT ASSIGNMENT					TRANSACTION AMOUNT
FUND	FUNCTIONAL AREA	COST CTR	G/L A/C		
					\$ _____
					\$ _____
					\$ _____
					\$ _____

SOURCE OF FUNDS: \_\_\_\_\_