

**South Carolina Department of Natural Resources
In-State Overnight Travel Request**

Date:

Division:

Name(s):

Destination:

Departure Date:

Return Date:

Purpose and Justification for Travel (use attachment if necessary):

- 1. Purpose for travel and how individual(s) was/were selected for trip:**

- 2. Anticipated benefits of trip (also note whether a program, policy, or process is likely to be implemented as a result of the proposed travel):**

- 3. What are possible effects to the Division or SCDNR if travel is not completed?**

Funding Source: (State); (Federal); (Other)

Travel Funds Verified by: _____

Account Number _____

Account Title: _____

Travel Expense Estimates

Meals \$

Ground Trans \$

Hotel \$

Airfare \$

Registration \$

Mileage \$

Other \$

List:

Estimated Total Travel Expenses \$ 0

Mode of Transportation

State Vehicle

Comm. Airline

Personal Vehicle

Other

Recommend Approval

Supervisor

Date

Deputy Director

Date

SCDNR Director
(if applicable)

Date