



SOUTH CAROLINA  
DEPARTMENT OF  
PUBLIC HEALTH

# Out of State Travel Request

1. Name(s): \_\_\_\_\_ 2. SS# last 4 digits: \_\_\_\_\_ 3. Registration Fee: \_\_\_\_\_  
Last First Middle (per person)

Name(s): \_\_\_\_\_ SS# last 4 digits: \_\_\_\_\_  
Last First Middle

Name(s): \_\_\_\_\_ SS# last 4 digits: \_\_\_\_\_ 4. Travel Cash Advance: \_\_\_\_\_  
Last First Middle

Name(s): \_\_\_\_\_ SS# last 4 digits: \_\_\_\_\_  
Last First Middle

5. Name of Meeting: \_\_\_\_\_ 6. Meeting Location: \_\_\_\_\_

7. Dates of Meeting: From \_\_\_\_\_ To \_\_\_\_\_ 7a. Official Leave Dates: From \_\_\_\_\_ To \_\_\_\_\_

7b. Dates of Other Leave (explain): \_\_\_\_\_

8. Mode of Travel:  State Vehicle  Personal Vehicle  Rental Vehicle  Commercial Air  Other (specify) \_\_\_\_\_

9. Justification: (Brief explanation to include why trip is necessary, the benefit to the agency, how it relates to the employee's job position and any efforts to find comparable in-state training.) Attach a printed program/agenda if available.

10. Authorized Approvals:

\_\_\_\_\_  
Program Director/Regional Administrator Date Deputy Director or Designee/Regional Medical or Health Director Date

11. Cost Allocation:

Cost Center _____	Funct. Area _____	Fund _____	Transp. 5050550000	Grant _____	Est. total Amount \$ _____
Cost Center _____	Funct. Area _____	Fund _____	Lodging 5050520000	Grant _____	Est. total Amount \$ _____
Cost Center _____	Funct. Area _____	Fund _____	Meals 5050510000	Grant _____	Est. total Amount \$ _____
Cost Center _____	Funct. Area _____	Fund _____	Reg. 5050570000	Grant _____	Est. total Amount \$ _____
Cost Center _____	Funct. Area _____	Fund _____	Misc 5050560000	Grant _____	Est. total Amount \$ _____

12. Estimated Total Cost \$ \_\_\_\_\_

**Out Of State Travel Request  
Instructions for Completing 0104-ENG-DPH**

**PURPOSE:**

To provide a form for prior approval for a trip to be made outside of the State of South Carolina by any employee of the agency for conducting official DPH business.

**EXPLANATION AND DEFINITION:**

The Out of State Travel Request is prepared for every out of state trip.

**Item-by-Item Instructions:**

1. Name: Enter name(s) of individual(s) requesting out of state travel including the full middle name.
2. Last four digits of SSN: Enter the last four digits of the individual's social security number.
3. Registration Fee: Enter the amount of registration fee to be paid per person, if applicable.
4. Travel Cash Advance: Enter the amount of travel cash advance request, if applicable.
5. Name of Meeting: Title of the meeting for which out of state travel is requested.
6. Meeting Location: Enter the city and state where the meeting is to held.
7. Dates of Meeting: From-Enter the date the meeting is scheduled to begin. To-Enter the date the meeting is scheduled to end.
- 7a. Inclusive Official Leave Dates: From -Enter the date of departure for which official travel leave is being requested. To -Enter the returning date for which official travel leave is requested. (mm/dd/yy).
- 7b. Dates of Other Leave: Enter the dates of personal travel time or annual leave being applied for in conjunction with official travel leave and explain, if applicable.
8. Mode of Travel: Check appropriate box for the proposed mode of transportation. Area designee or employee is responsible for making air travel reservations. Check rental vehicle if applies to trip.
9. Justification: Describe why this request is (1) necessary, (2) the benefit of this trip to the Agency, (3) how it relates to the employee's job position and, (4) if it is for training, what was done to determine if any similar in-state training was available. Attach a printed program/agenda if available.
- 10. Authorized Approvals**
- 10a. Program Director/Regional Administrator / Date: Signature and date of the appropriate Program Director or Regional Administrator.**
- 10b. Deputy Director or Designee/Regional Medical or Health Director / Date: Signature and date of appropriate Deputy Director or designee or Regional Medical or Health Director.**
- 11. Cost Allocation: Enter the account assignments in each area as it applies to the lines associated with this out of state travel: Cost center, Functional Area, specific GL account, Grant and the estimated total for each line allocated.**
- 12. Estimated Total Cost: Enter the total estimated cost to be incurred for this out of state trip on the line provided (including registration fee, per diem, transportation, meals, etc.).**

**Office Mechanics and Filing:**

Original completed request forms are kept with the program area. A copy should be attached to the 0103-ENG-DPH, Monthly Travel Expense Report.

DPH does not maintain a hard copy supply of the Out of State Travel Request (0104-ENG-DPH). Forms may be obtained through [RIMS](#) (Records Information Management System).

Retention 12-734. Originals are kept on file for a period of 3 full fiscal years. Duplicate copies are kept for a period of 1 year.