



UNIVERSITY OF SOUTH CAROLINA  
FOUNDATIONS

## Request for Spouse Travel

Received at University Foundations:

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Project Number to be Charged: \_\_\_\_\_

Dates of Travel: \_\_\_\_\_ Destination(s): \_\_\_\_\_

Description of employee's business purpose for travelling:

Description of spouse's necessary business purpose for travelling:

### Employee Statement of Responsibility and Certification:

I certify that the above descriptions of necessary business purposes for travel are true and accurate.

I understand that Foundations will not reimburse any of my spouse's travel expenses that are deemed to be taxable.

I understand that I must comply with University travel policies.

I understand that I must comply with Foundations travel policies.

*My signature denotes that I have read and understand this statement of responsibility and agree to abide by its terms.*

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

Approved by Dean/Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by President/EVP/Provost: \_\_\_\_\_ Date: \_\_\_\_\_

(For Dean or Officer travel only)

*While pre-approval for spousal travel is not required, obtaining it ensures the traveler knows the reimbursement status of spouse travel expenses before the travel takes place.*

**WITHOUT PRE-APPROVAL, THE TRAVELER ACCEPTS THE RISK OF NOT BEING REIMBURSED FOR SPOUSAL TRAVEL.**

AP TASK CHECKLIST:		FOR FOUNDATIONS USE ONLY	
	Employee's Business Expense / Gift Agreement	DATE: _____ University Foundations	
	Spouse's Necessary Business Expense		
	Notified Employee		