

**SCDOT**  
**In-State Travel Request**

Name of Employee \_\_\_\_\_

Section/Unit \_\_\_\_\_

Position Assignment \_\_\_\_\_

Reason or Purpose for Travel

Destination \_\_\_\_\_

Dates of Travel \_\_\_\_\_

Estimated Cost of

Lodging & Meals \_\_\_\_\_

Registration \_\_\_\_\_

Transportation \_\_\_\_\_

\_\_\_\_\_  
(Exclude if Pool or Assigned Vehicle)

\_\_\_\_\_  
**Signature**

**Recommended by:**

\_\_\_\_\_  
**Section Head**

\_\_\_\_\_  
**Division Director**

Approved ☐

Disapproved ☐