



# CLEMSON®

College of ENGINEERING,  
COMPUTING AND APPLIED SCIENCES

## TRAVEL FUNDS MATCHING PROGRAM APPROVAL FORM

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

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

Email address: \_\_\_\_\_

Departure date: \_\_\_\_\_

Estimated travel cost: \_\_\_\_\_

Purpose of visit: \_\_\_\_\_

Faculty member's signature: \_\_\_\_\_

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

Department Chair's signature: \_\_\_\_\_

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

ADRGs's signature: \_\_\_\_\_

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

Return date: \_\_\_\_\_

\*Actual travel cost: \_\_\_\_\_

Findings from visit: \_\_\_\_\_

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\*Provide a copy of the completed travel-reimbursement form