

CLEMSON

UNIVERSITY

AUTHORIZATION FOR OFFICIAL FOREIGN TRAVEL
THIS FORM, INCLUDING NECESSARY APPROVALS SHOULD BE COMPLETED PRIOR TO TRAVEL

DATE: _____

I HEREBY REQUEST AUTHORITY FOR TRAVEL ON OFFICIAL BUSINESS FOR CLEMSON UNIVERSITY TO THE DESTINATIONS, ON THE DATES, AND FOR THE PURPOSES INDICATED BELOW:

DESTINATION-ADDRESS: _____

PURPOSE OF TRIP: _____

DATE OF DEPARTURE: _____

DATE OF RETURN: _____

NAME OF TRAVELER _____

SIGNATURE OF TRAVELER _____

TITLE _____

ACADEMIC AND ADMINISTRATIVE APPROVALS:

DEPARTMENT _____

DEPARTMENT CHAIR _____

ACCOUNT NUMBER(S): ESTIMATE

BUSINESS OFFICER (IF REQUIRED) _____

_____ \$ _____

DEAN _____

_____ \$ _____

_____ \$ _____

VICE PRESIDENT _____

COMPLETE THIS SECTION UPON RETURN AND SUBMIT FORM WITH TRAVEL VOUCHER	
Actual Cost of Trip (including prepayments):	
Airfare	\$ _____
Meals	\$ _____
Lodging	\$ _____
Registration	\$ _____
Other Costs	\$ _____
Total Costs	\$ _____

APPROVAL BY SPONSORED PROGRAMS ACCOUNTING AND ADMINISTRATION (SPAA)
(ONLY WHEN FUND CODE 20 IS CHARGED)

NOTE: Foreign travel must have prior written approval from the sponsor. If approval is not obtained from the sponsor and SPAA, you will not be reimbursed. For exceptions, contact SPAA.

Sponsored Programs Accounting and Administration/ Date

Sponsored Programs
ASB - Silas Pearman Blvd
Fax 864-656-0806

PROVOST APPROVAL / DATE