

Clemson University Group Travel Request Email To: <u>UNIVERSITYGROUPS@CBTRAVEL.COM</u>

Group Qualification – Applies to 10 or more travelers * Indicates Required Field		
*DATE REQUESTED:	Study Abroad Research Student Other	
All Travelers departing/arriving in same destination	YES T	
All Travelers departing various cities to one destination	YES TO THE TOTAL PROPERTY OF THE TOTAL PROPE	
CBT booking the following:	Air Hotel Car Bus/Charter Ground Transport Other Specify:	
Requestor Contact Information	Эрсену.	
*University Name	CLEMSON UNIVERSITY	
*Group Sponsor First and Last Name		
*Email Address/Phone number		
CC: Email Address/Phone number		
*Name of the GROUP		
*Department Name/Department #		
Group Code for reporting (if required)		
Accounting Codes (if required)		
*Travel Authorization	NO YES TA # if required	
*Is this Grant Funded? Additional information	NO YES Justification if required	
Travel Information Attendee List Attac	ched? NO YES If YES, please <u>verify</u> legal name on government ID	
*Number of Travelers	*Form of Payment	
	· · · · · · · · · · · · · · · · · · ·	
*Departure Date	*Return Date	
Air Travel Information	Ontion 2. Departure City/Arrival City	
Option 1: Departure City/Arrival City	Option 2: Departure City/Arrival City	
Car/Bus/Van Information and Tour Guides		
Tour Guides Needed	Car/Bus/Van Information - Size	
Hotel Information - Group contract is 10 +	rooms (individual policies vary) ** If multiple hotels are requested please list **	
Preferred Hotel/Location/Star Ratings		

Number of Single/Double/Triple/Quad	
Rooms	
Rates to Include	Breakfast VAT Taxes WIFI Other
List any additional meeting space/food & beverage needs	
Policy Exceptions	
Additional Requests/Information	

^{**}Additional fees or research deposit may apply**