

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			
All Travelers departing various cities to one destination	YES T			
CBT booking the following:	Air Hotel Car Bus/Charter Ground Transport Other Specify:			
Requestor Contact Information	other specify.			
*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?	NO YES Justification if required			
Additional information				
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				
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			

<sup>\*\*</sup>Additional fees or research deposit may apply\*\*