



Domestic Travel Request Form

Name: _____ Purpose of Trip: _____

Destination: _____

Account #: _____

Leave Date: _____ Return Date: _____

How will Teaching load be handled while away:

Expense Breakdown

	Total	VISA	NOTES:
Lodging:	_____	<input type="checkbox"/>	_____
Airfare:	_____	YES NO	_____
Registration:	_____	YES NO	_____
Other:	_____	<input type="checkbox"/>	_____

Contact Information

Hotel _____
Hotel Phone _____
Cell Phone _____

Approvals

Signature _____ Date _____

Advisor or Dept. Chair _____ Date _____

Dean's Signature _____ Date _____

Submit completed form to Victoria Chapman (vhchapm@clemsn.edu).

NOTE: Form must be completed and approved prior to making any travel plans (charges on P-card, reimbursements, etc)