

**College of Engineering, Computing and  
Applied Sciences  
REQUEST TO TRAVEL WITHIN US**

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

Name: _____	Purpose of Trip: _____ _____
Destination: _____	_____ _____
Account #: _____	_____
Leave Date: _____	Return Date: _____
Faculty/Staff: _____	Student: _____
How will Teaching load be handled while away: _____ _____	

**Expense Breakdown**

	Total	VISA	
Lodging:	_____	_____	NOTES: _____ _____ _____ _____
Airfare:	_____	YES NO	
Registration:	_____	YES NO	
Other:	_____	_____	

**Contact Information**

Hotel	_____
Hotel Phone	_____
Cell Phone	_____

**Approvals**

Supervisor	_____	Date	_____
Department Chair	_____	Date	_____

**Routing:** Submit completed form to departmental financial staff to file.

**Once approved, a complete itinerary must be submitted no later than 10 days prior to travel to [clemsonttravel@clemsont.edu](mailto:clemsonttravel@clemsont.edu).**

For international travel use the following document:  
<http://www.clemtson.edu/cecas/departments/bioe/images/forms/foreigntravel2015.pdf>

Further travel information: <http://www.clemtson.edu/procurement/travel/>