



College of
EDUCATION

REQUEST TO TRAVEL (In-State and Out-of-State)

<i>Personal Information</i>					
Traveler Name & Title					
Department Name					
Today's Date					
<i>Travel Information</i>					
Travel Destination					
Proposed Dates of Trip					
Detailed Purpose of Trip (Include full title of event/conference including state, national, regional affiliation, etc. Attach additional information as necessary.)					
<i>Funding</i>					
<i>Business Office/Admin Use Only</i>				<i>To Be Completed by Traveler</i>	
Travel Expenses	In-State	Out-of-State	Actual Expense	Estimated Cost	Project Name or # / Source of Funds
Meals	6001	6010			
Lodging	6003	6012			
Personal Auto	6004	6013			
Rental Car	6005	6014			
Airfare	6006	6015			
Other Miscellaneous Expenses	6008	6017			
Registration	6009	6018			
TOTAL					

I certify that travel expenses reimbursed from outside parties will not be submitted to Clemson University for reimbursement. I understand that reimbursement is contingent upon funds allocated for travel each year for departmental travel.

REQUESTED BY: _____
Traveler

APPROVED BY: _____
Department Chair / Dean

APPROVED BY: _____
Principal Investigator - Required for Fund 20 Accounts