



AUTHORIZATION FOR OFFICIAL FOREIGN TRAVEL
THIS FORM, INCLUDING NECESSARY APPROVALS SHOULD BE COMPLETED PRIOR TO TRAVEL

DATE: _____

I HEREBY REQUEST AUTHORITY FOR TRAVEL ON OFFICIAL BUSINESS FOR CLEMSON UNIVERSITY TO THE DESTINATIONS, ON THE DATES, AND FOR THE PURPOSES INDICATED BELOW:

DESTINATION-ADDRESS:

PURPOSE OF TRIP:

DATE OF DEPARTURE: _____

DATE OF RETURN: _____

NAME OF TRAVELER

SIGNATURE OF TRAVELER

TITLE

ACADEMIC AND ADMINISTRATIVE APPROVALS:

DEPARTMENT

DEPARTMENT CHAIR

ACCOUNT NUMBER(S): ESTIMATE

BUSINESS OFFICER (IF REQUIRED)

\$ _____

DEAN

\$ _____

VICE PRESIDENT

\$ _____

COMPLETE THIS SECTION UPON RETURN AND SUBMIT FORM WITH TRAVEL VOUCHER

APPROVAL BY SPONSORED PROGRAMS ACCOUNTING AND ADMINISTRATION (SPAA) (ONLY WHEN FUND CODE 20 IS CHARGED)

Actual Cost of Trip (including prepayments):

NOTE: Foreign travel must have prior written approval from the sponsor. If approval is not obtained from the sponsor and SPAA, you will not be reimbursed. For exceptions, contact SPAA.

Airfare \$ _____

Meals \$ _____

Lodging \$ _____

Registration \$ _____

Other Costs \$ _____

Total Costs \$ _____

Sponsored Programs Accounting and Administration/ Date

PROVOST APPROVAL / DATE