

**CLEMSON UNIVERSITY
FACULTY/STAFF AWARD AUTHORIZATION**

Name of Award: _____

Department or Organization Sponsoring Award: _____

Award Administrator: _____ **Telephone No.** _____

Amount of Award: \$ _____ **Date Award Established:** _____

Time of Year Awarded: _____

Source of Funds: E&G **State:** **Other:**

Purpose of Award:

Criteria for Selection:

Method of Selection(Committee, student evaluations, etc.)

Please check if additional details are attached.

Signatures:

Award Administrator: _____ **Date:** _____

Vice President: _____ **Date:** _____

President: _____ **Date:** _____

OHR-CC&R: _____ **Date:** _____