

TRAINING/CONFERENCE REQUEST

Employee Name: _____ Employee ID: _____

Department Name: _____ Funding: _____

(23-digit chart field string required)

Requesting approval to attend the following conference/training program:

Date(s) of Conference Training

Conference/Training Location (City/State)

Brief description of conference/training program and application to current position:

Type of Transportation: Airfare Personal Vehicle University Vehicle

Estimated Cost by Category (complete all that applies):

Registration: _____ Hotel Accommodations: _____ Meals: _____

Parking: _____ Mileage (To/From Airport): _____ Transportation: _____

Baggage: _____ Tips: _____ Other: _____

Total Estimated Travel Cost: _____

All employees traveling on behalf of Clemson University must be knowledgeable of all travel policies related to in-state, out-of-state, or international prior to traveling. [Review](#) University travel guidelines, per diem rates, along with other pertinent travel information to aid in completing this request and prior to traveling.

Requestor's Signature and Date

Supervisor's Signature and Date