

## E-Signature Information Guide

\*The team travel authorization form is shown as an example, but this process will be standard across all other electronic forms.

1. Open the authorization form and select “Fill & Sign” from the toolbar on the right side of the screen.

**CLEMSON UNIVERSITY ATHLETIC DEPARTMENT  
TEAM TRAVEL AUTHORIZATION**

This form must be filled out completely and approved by your Sport Supervisor PRIOR to any arrangements being made.

SPORT: \_\_\_\_\_ DEPT#: \_\_\_\_\_  
 COMPETITION/OPPONENT: \_\_\_\_\_ DESTINATION: \_\_\_\_\_  
 COMPETITION DATE(S): \_\_\_\_\_  
 TRAVEL DATE(S)/TIMES: \_\_\_\_\_

<b>TRAVEL PARTY:</b>	<b>Per Diem Card Upload:</b>
# of Coaches: _____	Breakfast: _____
# of Trainers: _____	Lunch: _____
# of Players: _____	Dinner: _____
# of Others*: _____	Other*: _____
<b>Must attach Travel Roster</b>	
* Explanation: _____	
TOTAL Per Diem for this trip: \$ _____	

MODE OF TRANSPORTATION: Commercial Air  Charter Air  Bus  Van  Car  Other

ESTIMATED COST:	Payment Type	Payment Type	Amount	Voucher Number
Air: _____	_____	_____	_____	_____
Lodging: _____	_____	_____	_____	_____
Non Per Diem Meals: _____	_____	_____	_____	_____
Car Rental: _____	_____	_____	_____	_____
Bus: _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

FOR BUSINESS OFFICE USE ONLY

Total Estimated for Trip\*: \_\_\_\_\_ Amount Budgeted for Trip: \_\_\_\_\_  
\*Include per diem card amount above

2. Fill out the form with appropriate information. Then, click “Sign” located at the top of the page and drop your signature in the “Initiator” box at the bottom of the page.

**CLEMSON UNIVERSITY ATHLETIC DEPARTMENT  
TEAM TRAVEL AUTHORIZATION**

This form must be filled out completely and approved by your Sport Supervisor PRIOR to any arrangements being made.

SPORT: **Example Sport** DEPT#: **7100**  
 COMPETITION/OPPONENT: **Opponent** DESTINATION: **Away**  
 COMPETITION DATE(S): **11/11/16**  
 TRAVEL DATE(S)/TIMES: **11/10/16-11/12/16**

<b>TRAVEL PARTY:</b>	<b>Per Diem Card Upload:</b>
# of Coaches: <b>1</b>	Breakfast: <b>\$ 50.00</b>
# of Trainers: <b>1</b>	Lunch: <b>\$ 50.00</b>
# of Players: <b>1</b>	Dinner: <b>\$ 50.00</b>
# of Others*: <b>1</b>	Other*: <b>\$ 50.00</b>
<b>Must attach Travel Roster</b>	
* Explanation: _____	
TOTAL Per Diem for this trip: <b>\$200.00</b>	

MODE OF TRANSPORTATION: Commercial Air  Charter Air  Bus  Van  Car  Other

ESTIMATED COST:	Payment Type	Payment Type	Amount	Voucher Number
Air: <b>\$ 1,000.00</b>	<b>P-Card</b>	_____	_____	_____
Lodging: <b>\$ 1,000.00</b>	<b>Direct Bill</b>	_____	_____	_____
Non Per Diem Meals: _____	_____	_____	_____	_____
Car Rental: _____	_____	_____	_____	_____
Bus: _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

FOR BUSINESS OFFICE USE ONLY

Total Estimated for Trip\*: **\$ 2,200.00** Amount Budgeted for Trip: **\$ 2,500.00**  
\*Include per diem card amount above  
(Please remember to also obtain all receipts including Detailed Hotel Folio, itemized Restaurant receipts, Airfare, Ground Transportation, etc.)

Adv Amount Requested: \_\_\_\_\_  
(If you require an advance, you MUST enter it here)

<b>\$ of Travel Voucher Submitted:</b> _____	Check #: _____ / DATE _____
<b>Amount Due Traveler:</b> _____	Voucher #: _____ / DATE _____
<b>Amount Due Travel Acct:</b> _____	Check #: _____ / Processed _____
	Due By: _____ / Rec'd Date _____

FOR BUSINESS OFFICE USE ONLY

**Order of Approvals:** \*Only required for sports

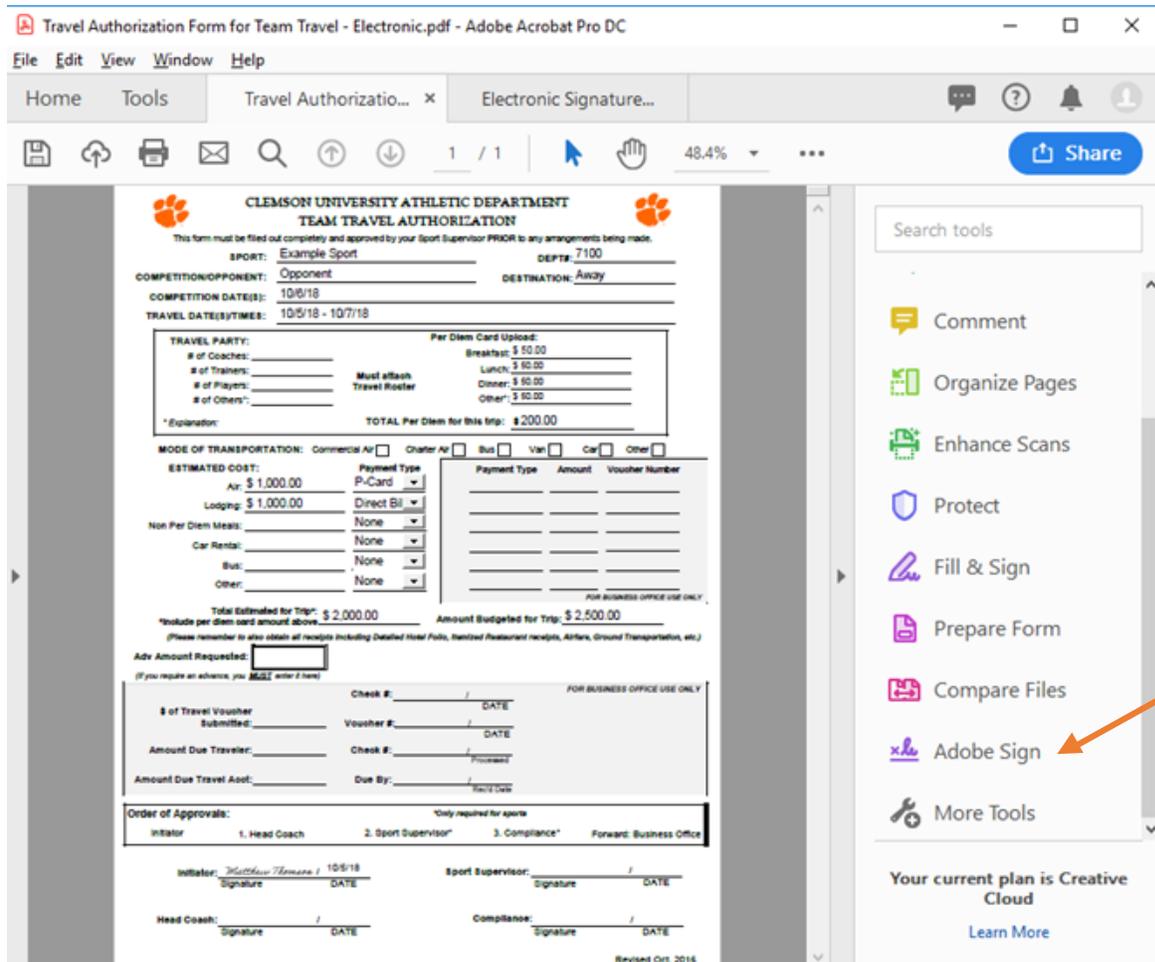
Initiator: \_\_\_\_\_ / DATE \_\_\_\_\_ Sport Supervisor: \_\_\_\_\_ / DATE \_\_\_\_\_  
Signature DATE Signature DATE

Head Coach: \_\_\_\_\_ / DATE \_\_\_\_\_ Compliance: \_\_\_\_\_ / DATE \_\_\_\_\_  
Signature DATE Signature DATE

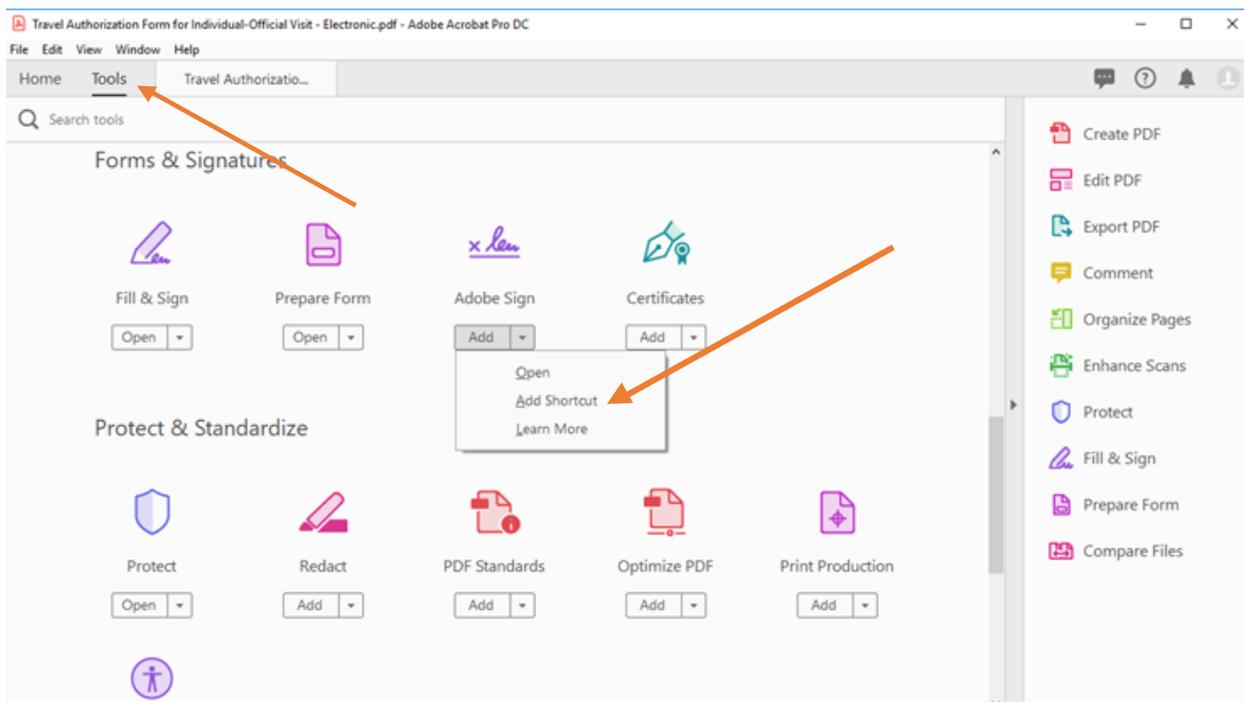
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Drop signature here

3. Select "Adobe Sign" from the toolbar on the right side of the screen.



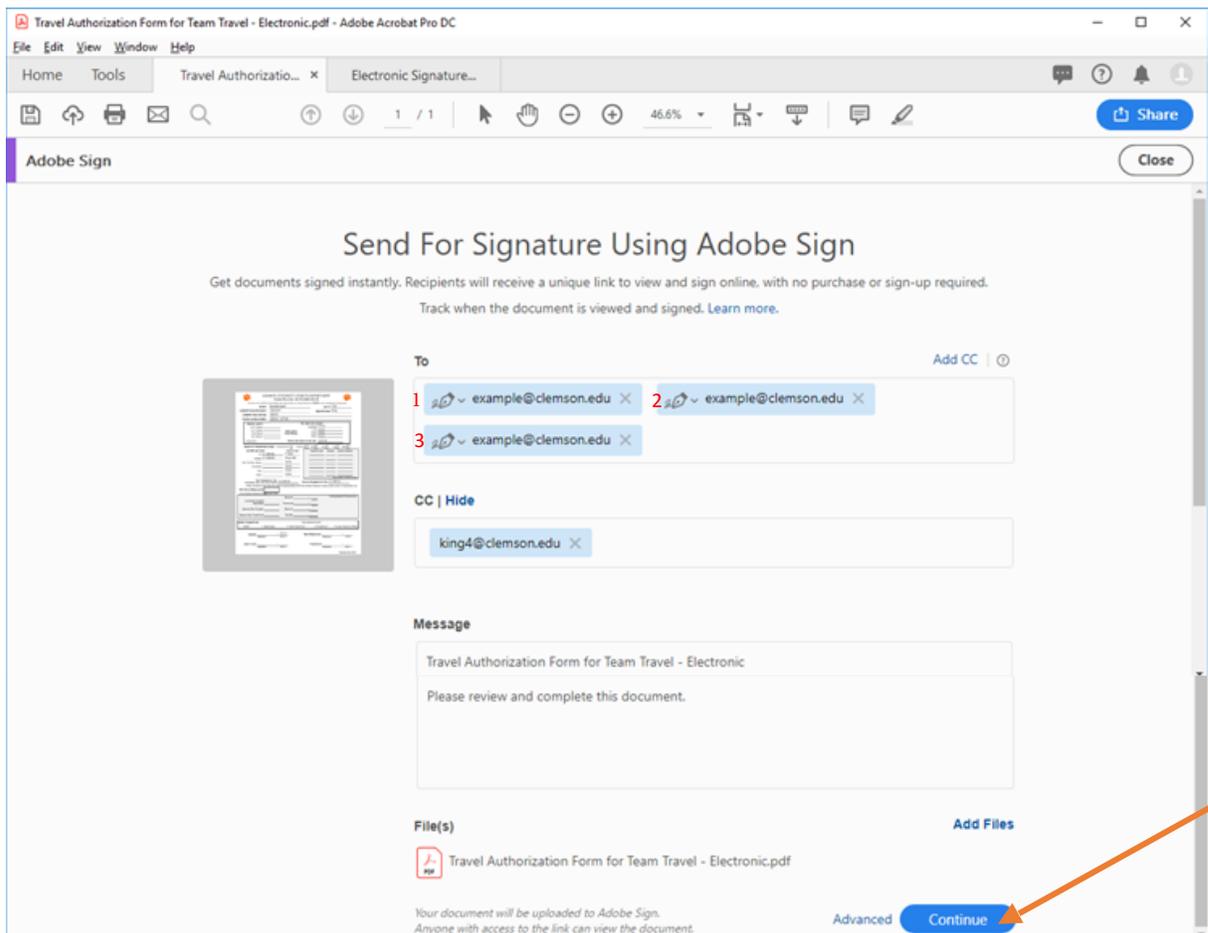
\*If you do not see "Adobe Sign" on the right-hand tool bar, go to "Tools" at the top of the page and add a shortcut. "Adobe Sign" should then appear on the tool bar as pictured above.



Enter email addresses in order and send

- 1<sup>st</sup> – Supervisor/Head Coach – example@clemson.edu
  - If you are the head coach, you can have an admin create the form on your behalf and send to you for approval or you can route the form to yourself for additional approval.
- 2<sup>nd</sup> – Sport Supervisor (sports only) – example@clemson.edu
- 3<sup>rd</sup> – Compliance (sports only) - cuacs@clemson.edu
- Click “Show CC” and add Melissa King – king4@clemson.edu

Attach travel roster (if applicable) and select "Continue."



6. Select "Send" in the bottom right corner.

Send for Signature

RECIPIENTS  
example@clmson.edu (Signer)

Signature Fields  
Signature  
Initials  
Signature Block  
Stamp

Signer Info Fields

Data Fields

Transaction Fields

Save to document library

Send  
Reset Fields

\*If you see a box appear that says "Missing Signature Fields", please ignore and click send.

Purchase Requisition.pdf - Adobe Acrobat Pro DC

File Edit View Window Help

Home Tools Electronic Signature... Purchase Requisition... x

Adobe Sign

Missing Signature Fields

There are recipients who need to sign this document that do not have a signature field assigned to them. You can go back and add signature fields or we will add a signature block for those recipients. Do you want to review or send the document?

Review Send

RECIPIENTS  
Mallory Warrick (mpw... (Signer)

Signature Fields  
Signature  
Initials  
Signature Block  
Stamp

Signer Info Fields

Save to document library

Send  
Reset Fields

7. Select "Start" at the top left of the page.

## Travel Authorization Form for Team Travel - Electronic

Start

**CLEMSON UNIVERSITY ATHLETIC DEPARTMENT**  
**TEAM TRAVEL AUTHORIZATION**

This form must be filled out completely and approved by your Sport Supervisor PRIOR to any arrangements being made.

SPORT: \*Example Sport DEPT#: \*100  
COMPETITION/OPPONENT: \*Opponent DESTINATION: \*Ivy  
COMPETITION DATE(S): \*1/18/18  
TRAVEL DATE(S)/TIMES: \*1/17/18 - 1/19/18

**TRAVEL PARTY:**  
# of Coaches: 1  
# of Trainers: 1  
# of Players: 1  
# of Others\*: 1

**Per Diem Card Upload:**  
Breakfast: 50  
Lunch: 50  
Dinner: 50  
Other\*: 50

\*Explanation: TOTAL Per Diem for this trip: \$ 200

MODE OF TRANSPORTATION: Commercial Air  Charter Air  Bus  Van  Car  Other

**ESTIMATED COST:**  
Air: 1000  
Lodging: 1000  
Non Per Diem Meals:  
Car Rental:  
Bus:  
Other:

**Payment Type**  
P-Card  
Direct B  
None  
None  
None  
None

Payment Type	Amount	Voucher Number

Total Estimated for Trip\*: 2200 Amount Budgeted for Trip: 2500  
\*Include per diem card amount above  
(Please remember to also obtain all receipts including Detailed Hotel Folio, Itemized Restaurant receipts, Airfare, Ground Transportation, etc.)

Adv Amount Requested: Issue check to:

(If you require an advance, you MUST enter it here)

**FOR BUSINESS OFFICE USE ONLY**

Check #: / DATE  
Voucher #: / DATE  
Amount Due Traveler: Check #: / Processed  
Amount Due Travel Acct: Due By: / Rec'd Date

**Order of Approvals:** \*Only required for sports  
Initiator 1. Head Coach 2. Sport Supervisor\* 3. Compliance\* Forward: Business Office

Initiator: John Doe / 1/10/18  
Signature DATE  
Sport Supervisor: /  
Signature DATE  
Head Coach: /  
Signature DATE  
Compliance: /  
Signature DATE

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8. Select "Click to Send" in the bottom right corner.

Travel Authorization Form for Team Travel - Electronic

**SPORT**

This form must be filled out completely and approved by your Sport Supervisor PRIOR to any arrangements being made.

SPORT:  DEPT#:   
COMPETITION/OPPONENT:  DESTINATION:   
COMPETITION DATE(S):   
TRAVEL DATE(S)/TIME(S):

TRAVEL PARTY: # of Coaches: <input type="text" value="1"/> # of Trainers: <input type="text" value="1"/> # of Players: <input type="text" value="1"/> # of Others*: <input type="text" value="1"/>	Per Diem Card Upload: Breakfast: <input type="text" value="50"/> Lunch: <input type="text" value="50"/> Dinner: <input type="text" value="50"/> Other*: <input type="text" value="50"/>
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\* Explanation: \_\_\_\_\_ TOTAL Per Diem for this trip: \$

MODE OF TRANSPORTATION: Commercial Air  Charter Air  Bus  Van  Car  Other

ESTIMATED COST:	Payment Type	Amount	Voucher Number
Air: <input type="text" value="1000"/>	PCard		
Lodging: <input type="text" value="1000"/>	Direct B		
Non Per Diem Meals:	None		
Car Rental:	None		
Bus:	None		
Other:	None		

Total Estimated for Trip:  Amount Budgeted for Trip:   
\*Include per diem card amount above. (Please remember to also obtain all receipts including Detailed motel bills, itemized restaurant receipts, Airfare, Ground Transportation, etc.)

Adv Amount Requested:  Issue check to: \_\_\_\_\_  
(If you require an advance, you MUST enter it here)

\$ of Travel Voucher Submitted: _____	Check #: _____ / DATE _____	FOR BUSINESS OFFICE USE ONLY	
Amount Due Traveler: _____	Voucher #: _____ / DATE _____		
Amount Due Travel Asst: _____	Check #: _____ / DATE _____		
	Due By: _____ / RECEIVED _____		

Order of Approvals: \*Only required for sports  
Initiator: 1. Head Coach      2. Sport Supervisor\*      3. Compliance      Forward: Business Office

Initiator:  /       Sport Supervisor: \_\_\_\_\_ / \_\_\_\_\_  
Signature      DATE      Signature      DATE

Head Coach: \_\_\_\_\_ / \_\_\_\_\_      Compliance: \_\_\_\_\_ / \_\_\_\_\_  
Signature      DATE      Signature      DATE

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*Thank you for prefilling this document*

[Click to Send](#)

\*Depending on your settings, you will receive multiple updates as the form makes its way through the authorization process. Do NOT make any travel arrangements before you receive the final copy that includes all required signatures.

\*\*Do NOT save the completed form when the prompt asks if you want to save the file when you exit out of Adobe Acrobat.