



Department of
Psychology

SPEAKER/CANDIDATE REQUEST FORM

FOR DOMESTIC TRAVEL ONLY

Requested By: _____ Email: _____

Traveler's Name: _____ Traveler's Email: _____

Traveling From: _____ Depature: _____ Return: _____

Reason for Travel: _____

Estimated Expenses

Registration Fee: _____

Airfare: _____

Lodging: _____

Meals: _____

Mileage (.625/mile): _____

Other: _____

***PLEASE NOTE THE DEPARTMENT P-CARD IS RECOMMENDED FOR REGISTRATION FEES AND AIRFARE. PLEASE WORK WITH YOUR ADMINISTRATIVE COORDINATOR FOR THESE PURCHASES. PLEASE SUBMIT REMAINING EXPENSES FOR REIMBURSEMENT AFTER TRAVEL HAS BEEN COMPLETED.**

Estimated Total Amount: _____

Account Type: _____ Project Number: _____

Comments: _____

*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.

Requester: _____ Date: _____

Director: _____ Date: _____

Business Office: _____ Date: _____