



## 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: \_\_\_\_\_