

TRAVEL REQUEST FORM

Student/Grad Student

FOR DOMESTIC TRAVEL ONLY

Requested By:	Email:		CU ID:
Destination:		Departure:	Return:
Reason for Travel:			
Class arrangements:			
Estimated Expenses			
Registration Fee: Airfare: Lodging: Meals: Mileage (.625 mile): Other:		PLEASE WORK WITH YOUR ADMINISTRATIVE COORDINATOR FOR THESE PURCHASES. PLEASE SUBMIT REMAINING EXPENSES FOR REIMBURSEMENT AFTER	
Estimated Total Amount:			
Account Type:	Project Number:		
Comments:			
			Clemson University for reimbursement. ach year for departmental travel.
Requester:		Date:	
Director:		Date:	
Business Office:		Date:	
PI:			