Department of Psychology

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 (.76 mile)**:** _____
Other: _____

Estimated Total Amount: **$ 0.00**

***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.**

Account Type: Select fund 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:** _____ Submit for Approvals

Director: _____ **Date:** _____ Approve

Business Office: _____ **Date:** _____ Final Approval

PI: _____