Summer Scholars

OLLI

In-State Travel Expenses Meal and Mileage Rates as of 1/1/2021

Purpose of Trip: Expenses Incurred: Date:	Meals Lodging Mileage Registration Airfare Car Other	Name:					ACCOUNT INFORMATION				•		•
Departure DATE: TIME: Org: Prog: Sub-Cls: Project: Trip Destination: TOTAL: Project # for Payment: Expenses Incurred: Date: Meals: Depart Return Before: After: 6:30 am 11:00 am 1:30 pm Lunch \$10	Fd: Org: Prog: Sub-Cls: Project: TOTAL:	Emplovee ID N	lumber:			Acct:						Car	
Return DATE: TIME: Sub-Cls: Project:	Sub-Cls: Project: TOTAL:				TIME:	Fd: Org:				0000	3333	0000	3333
Trip Destination: Project # for Payment: Purpose of Trip: Expenses Incurred: Meals: Depart Return Before: After: 6:30 am 11:00 am Breakfast \$8	TOTAL:	Return	DATE:		TIME:	Sub-Cls:							
Project # for Payment: Purpose of Trip: Expenses Incurred: Meals: Depart Return Before: After: 6:30 am 11:00 am Breakfast \$8		Trip Destination	n:										
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Registration Fee:			Air Travel:										
			Rental Car:										
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Air Travel: Rental Car: Auto Travel: Personal Car Mileage @ \$.56 Rates as of 1/1/2021 Airport Mileage @ \$.56 Miles Other (please list): Parking Baggage													
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Air Travel: Rental Car: Auto Travel: Rates as of 1/1/2021 Personal Car Mileage @ \$.56 Airport Mileage @ \$.56 Other (please list): Parking Baggage Tolls Miscellaneous Expenses as allowed per policy.		requirements of	the State laws, i	rules and regul	lations. I understand any r	eimbursements by	Clemson Ur	niversity are sub					
Air Travel: Rental Car: Auto Travel: Rates as of 1/1/2021 Personal Car Mileage @ \$.56 Miles Other (please list): Parking Baggage Tolls Total Due: I certify the expenses listed herein were incurred and paid in the performance of my official duties and that this claim is true and correct in every material matter and conforms requirements of the State laws, rules and regulations. I understand any reimbursements by Clemson University are subject to terms of payment maintained by CU Payroll offic responsibility of the payee to verify with his/her financial institution when funds are available.	le performance of my official duties and that this claim is true and correct in every material matter and conforms to the tand any reimbursements by Clemson University are subject to terms of payment maintained by CU Payroll office. It is the tion when funds are available.	Signature of Tra	aveler					Date.					
Air Travel: Rental Car:	le performance of my official duties and that this claim is true and correct in every material matter and conforms to the tand any reimbursements by Clemson University are subject to terms of payment maintained by CU Payroll office. It is the tion when funds are available.	these expenses	are in compliand					hat they have r					
Auto Travel: Rental Car: Auto Travel: Rates as of 1/1/2021 Personal Car Mileage @ \$.56 Miles Other (please list): Parking Baggage Tolls Total Due: Total Due: Total Due: Signature of Traveler I hereby certify that be above items have been received or the services performed as stated and that the funds are available from the budgeted account(s) listed above. I also these expenses are in compliance with established policies and procedures of Clemson University and that they have not been (nor will not be) reimbursee in duplicate. I certif fair and reasonable.	miles Miles	Signature of Ap	prover					Date:					
Auto Travel: Rental Car: Auto Travel: Rates as of 1/1/2021 Personal Car Mileage @ \$.56 Miles Other (please list): Parking Baggage Tolls Total Due: Total Due: Total Due: Signature of Traveler I hereby certify that be above items have been received or the services performed as stated and that the funds are available from the budgeted account(s) listed above. I also these expenses are in compliance with established policies and procedures of Clemson University and that they have not been (nor will not be) reimbursee in duplicate. I certif fair and reasonable.	miles In performance of my official duties and that this claim is true and correct in every material matter and conforms to the tand any reimbursements by Clemson University are subject to terms of payment maintained by CU Payroll office. It is the tion when funds are available. Date: Services performed as stated and that the funds are available from the budgeted account(s) listed above. I also certify that disprocedures of Clemson University and that they have not been (nor will not be) reimbursed in duplicate. I certify price is	- '											
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6:30 am 11:00 am Breakfast \$8		-	Meals:	Date.									
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Acct: 6001 6003 6004 6009 6006 6005 Fd: Org: Prog: Prog: Sub-CIs: Project: Tip Destination:	Acct: 6001 6003 6004 6009 6006 6005 6008 Fd: Org: Prog: Sub-Cls: Project: TOTAL:	Name:											
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