

Out of State Travel Expenses
Meal and Mileage Rates as of 1/1/2023

Name:
Employee ID Number:
Departure DATE: TIME:
Return DATE: TIME:
Trip Destination:
Project # for Payment:

ACCOUNT INFORMATION table with columns: Meals, Lodging, Mileage, Registration, Airfare, Rental Car, Other. Rows include Acct, Fd, Org, Prog, Sub-Cls, Project, and TOTAL.

Purpose of Trip: [Text Box] TOTAL DUE: [Text Box]

Expenses Incurred: Date: [Green Bar]

Meals table with columns: Depart Before, Return After, Amount, and 10 columns for recording expenses. Rows include Breakfast \$10, Lunch \$15, and Dinner \$25.

Lodging: [Table with 10 columns]

Registration Fee: [Text Box]

Air Travel: [Text Box]

Rental Car: [Text Box]

Auto Travel:

Rates as of 1/1/2023 Personal Car Mileage @ \$.655 [Text Box] Miles
Airport Mileage @ \$.655 [Text Box] Miles

Other (please list):

Miscellaneous Expenses as allowed per policy. Table with columns: Taxi, Parking, Baggage, Tolls, and 10 columns for recording expenses.

Total Due: [Text Box]

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 to the 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 office. It is the responsibility of the payee to verify with his/her financial institution when funds are available.

Signature of Traveler [Text Box] Date: [Text Box]

I hereby certify that the 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 certify that these expenses are in compliance with established policies and procedures of Clemson University and that they have not been (nor will not be) reimbursed in duplicate. I certify price is fair and reasonable.

Signature of Approver [Text Box] Date: [Text Box]

Notes: [Text Box]