

TRAVEL (MILEAGE) LOG REIMBURSEMENT REQUEST

Email:

Name:

Name:				Email:		EMPLID:	
Hom	e Addre	ess:					
Office Location:			Clemson University Campus				
			Other o	ffice address:			
DEPARTURE			URN	DESTINATION	DUTIES PERFORMED	TOLLS	MILES
DATE	TIME	DATE	TIME	City or Town	Instruction, site visit, etc.	-	
TOTAL FOR EACH COLUMN							
				2023 IRS Mileage Ra	ite is: \$.655 per mile		
Acco	unt Typ	e:		Project	Number:		
Com	ments:				-		
Requester:					Date:		
Chai	r/PI:				Date:		
Busi	ness Off	ice:			Date:		