



Student Reimbursement Form

Please complete form and submit it along with any receipts to Lisa Link.

Name:		Date:	
Student ID:		Email:	
Mailing Address:			
Reason for Reimbursement:			
Are you a current student employee of Clemson University?		Yes	No
If so, what department?			

Travel			
Destination:		Location:	
Reason for Visit:			
Dates Traveled:		Miles Driven:	x \$0.56 =
Departure Time (HH:MM tt):		Return Time (HH:MM tt):	
Meals: (See Per Diem)			

Per Diem	Depart Before	Return After	In State	Out of State
Breakfast	6:30 am	11:00 am	\$8	\$10
Lunch	11:00 am	1:30 pm	\$10	\$15
Dinner	5:15 pm	8:30 pm	\$17	\$25
		Total:	\$35	\$50

Other Purchases		
Amount:		Items purchased & purpose:
Vendor:		

Meals (Other Than Travel)		
Amount:		Purpose:
Vendor:		

Total Reimbursement: _____ **Faculty's 23 Digit Project #:** _____

Student Signature: _____

Date: _____

Faculty Signature: _____

Date: _____