

# TRAVEL REIMBURSEMENT WORKSHEET

<b>* Legal Name:</b>			
<b>* Date Submitted:</b>			
<b>* Student ID:</b>		<b>* Email:</b>	

**DESTINATION:** \_\_\_\_\_

**Leave Date:** \_\_\_\_\_ **Leave time:** \_\_\_\_\_

**Return Date:** \_\_\_\_\_ **Return time:** \_\_\_\_\_

**Meals (Per Diem):**    **YES**                      **NO**

Per Diem uses the GSA meal rate found on gsa.gov. Put an 'X' in the boxes that you purchased meals. Leave the boxes blank if meals were provided to you.  
The total will be calculated by Anna Craft.

Travel Date	Breakfast	Lunch	Dinner	Total

**Purpose of trip:**

  
  
  
  
  
  
  
  
  
  

**Lodging:**

Date	Room Cost	Tax	Tax	Total

**List of room occupants:**

**Other expenses:**

Date	Description	Amount

**Transportation:**

Mileage	Rate	Total

**Airfare:** \_\_\_\_\_

**Registration:** \_\_\_\_\_

Total may change based on the per diem rate or mileage rate.

**\*\*(Required)**  
**Reimbursement Total:**  
**\$**

**\* STUDENT SIGNATURE:** \_\_\_\_\_

**\* ACCOUNT NUMBERS TO CHARGE:** \_\_\_\_\_  
*Provided by Faculty*

**\* FACULTY APPROVAL SIGNATURE:** \_\_\_\_\_

Send completed form **with receipts** to Diane Swope ([dswope@clemsun.edu](mailto:dswope@clemsun.edu)) or bring completed form to her office in 161 Serrine Hall.