

SCBioCRAFT TRAVEL WORKSHEET

ALL ORIGINAL RECEIPTS must be attached for expenditures over \$5 except meals, taxi/limo/shuttle, tips, tolls, and portage. Original signatures are required.

Please Mail to:
Heather Sains
SC BioCRAFT
200C Patewood Dr.
Suite 4136
Greenville, SC 29615

Name*:

6 Digit Emp ID#*:

Destination*:

Acct to charge*:

MEALS (6001-6010-6019) (instate - outofstate - foreign)
\$25 daily (in-state) or \$32 daily (out-of-state). Must Leave before or Return after time specified.

| Depart/Return Date | Breakfast \$6/\$7 (6:30a-11:00 a) | Lunch \$7/\$9 (11:00a-1:30p) | Dinner \$12/\$16 (5:15p-8:30p) | TOTAL |
|--------------------|-----------------------------------|------------------------------|--------------------------------|-------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| TOTAL: | | | | |

LODGING (6003-6012-6020)

| Hotel name | Date | #of days | TOTAL |
|---------------|------|----------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL: | | | |

List room occupants (other than traveler):

OTHER EXPENSES (6008-6017-6024)

| TYPE | AMOUNT |
|---------------------------|--------|
| Car rental | |
| Parking | |
| Taxi, limo, shuttle | |
| Business phone calls | |
| Internet for business use | |
| Gas | |
| Tips | |
| Faxes | |
| Tolls | |
| TOTAL: | |

Date submitted*:

Leave date*:

Leave time*:

Return date*:

Return time*:

Purpose of trip*:

Comments of Special Consideration:

TRANSPORTATION (6004-6013-6021)

| | Mileage | Rate | Total |
|-----------------|---------|------|-------|
| Personal Car | | 0.54 | |
| Airport mileage | | 0.54 | |

Airfare: (6006-6015-6022)

Registration: (6009-6018-6025)

Conference name and \$ (agenda must be attached)

E-mail:

Reimbursement Grand Total:

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.

Approver (PI):

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: