Department of
BIOLOGICAL SCIENCES
Clemson® University

NON-TRAVEL REIMBURSEMENT FORM

Name: _____

Employee ID#: _____

Email: _____

*Attach all receipts - receipts must be itemized (if not, provide image of menu with prices and list of what was ordered)
*ALCOHOL MUST BE ON A SEPARATE RECEIPT/FORM
*Include an on the ground itinerary if requesting reimbursement for candidate/visitor meals

Justification/Purpose of Expenses: _____

_____

The information below is required when filing for reimbursement for business meals only.

Name of all CU Employees that attended the meal:
_____
_____
_____

Names of all outside individuals (non-CU Employees) and their relationship to CU:
_____
_____
_____

Description   **Amount**

_____   _____
_____   _____
_____   _____
_____   _____

Mileage: _____ @ 0.585 Cents = _____

Total Expenses: _____

Account Number: _____

Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Chair Approval: _____ Date: _____