

In-State Travel Expenses

Meal and Mileage Rates as of 1/1/2022

Name: _____ Employee ID Number: _____ Departure DATE: _____ TIME: _____ Return DATE: _____ TIME: _____ Trip Destination: _____ Project # for Payment: _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="8" style="text-align: center; border-bottom: 1px solid black;">ACCOUNT INFORMATION</th> </tr> <tr> <td style="width: 15%;"></td> <td style="width: 15%;">Meals</td> <td style="width: 15%;">Lodging</td> <td style="width: 15%;">Mileage</td> <td style="width: 15%;">Registration</td> <td style="width: 15%;">Airfare</td> <td style="width: 15%;">Rental Car</td> <td style="width: 15%;">Other</td> </tr> <tr> <td></td> <td>6001</td> <td>6003</td> <td>6004</td> <td>6009</td> <td>6006</td> <td>6005</td> <td>6008</td> </tr> <tr> <td>Acct:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fd:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Org:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Prog:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub-Cls:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Project:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="8" style="border-top: 1px solid black;">TOTAL:</td> </tr> </table>	ACCOUNT INFORMATION									Meals	Lodging	Mileage	Registration	Airfare	Rental Car	Other		6001	6003	6004	6009	6006	6005	6008	Acct:								Fd:								Org:								Prog:								Sub-Cls:								Project:								TOTAL:							
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TOTAL DUE:**Purpose of Trip:****Expenses Incurred:**

Date:

Meals:

Depart Before:	Return After:									
6:30 am	11:00 am	Breakfast \$8								
11:00 am	1:30 pm	Lunch \$10								
5:15 pm	8:30 pm	Dinner \$17								

Lodging:**Registration Fee:****Air Travel:****Rental Car:****Auto Travel:****Rates as of 1/1/2021**

Personal Car Mileage @ \$.585

Miles

Airport Mileage @ \$.585

Miles

Other (please list):**Miscellaneous Expenses as allowed per policy.**
 Taxi
 Parking
 Baggage
 Tolls

Total Due:

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

Date:

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.

Signature of Approver

Date:

Notes: