

## International Travel Expenses

Meal and Mileage Rates as of 7/1/2022

Name:								
Employee ID Number:								
Departure	DATE:	TIME:						
Return	DATE:	TIME:						
Trip Destination:								
Project # for Payment:								

ACCOUNT INFORMATION							
Meals	Lodging	Mileage	Registration	Airfare	Rental Car	Other	
6019	6020	6021	6025	6022	6024	6024	
Acct:	Fd:	Org:	Prog:	Sub-Cls:	Project:		
TOTAL:							

TOTAL DUE:

Purpose of Trip:

Expenses Incurred:

Date:

Meals:

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

Lodging:

Registration Fee:

Air Travel:

Rental Car:

Auto Travel:

Rates as of 7/1/2022

Personal Car Mileage @ \$.625

Miles

Airport Mileage @ \$.625

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: