



TRAVEL (MILEAGE) LOG REIMBURSEMENT REQUEST

PRTM

Leisure Skills

Summer Scholars

OLLI

Name: _____ **Email:** _____ **EMPLID:** _____

Home Address: _____

Office Location: Clemson University Campus

Other office address: _____

DEPARTURE		RETURN		DESTINATION <small>City or Town</small>	DUTIES PERFORMED <small>Instruction, site visit, etc.</small>	TOLLS	MILES
DATE	TIME	DATE	TIME				
TOTAL FOR EACH COLUMN							

07/2022 IRS Mileage Rate is: \$.625 per mile

Account Type: _____ **Project Number:** _____

Comments: _____

Requester: _____

Chair/Director: _____

Business Office: _____

PI: _____