

## Out of 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: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Expenses Incurred: \_\_\_\_\_

Meals:

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

Breakfast \$10										
Lunch \$15										
Dinner \$25										

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: \_\_\_\_\_