Student Travel Expenses
Meal and Mileage Rates as of 1/1/2025

Name:

Student CUID #:

Departure DATE:

Return DATE:

Trip Destination:

Project # for Payment: See Notes

Purpose of Trip:

Expenses Incurred: Date:

NOTES:

ACCOUNT INFORMATION - Student Travel 6030

	Meals	Lodging	Mileage	Registration	Airfare	Rental Car	Other
TOTAL:	$ 0.00	$ 0.00	$ 0.76	$ 0.00	$ 0.00	$ 0.00	$ 0.00

TOTAL DUE: $ 0.76

Location Per Diem	
Breakfast	$
Lunch	$
Dinner	$

Meals:

Breakfast $										**$ 0.00**
Lunch $										**$ 0.00**
Dinner $										**$ 0.00**
Lodging:										**$ 0.00**

Payment Type:
- Tiger Pay ☐
- Check ☐

*check mailed to address on file

Registration Fee: **$ 0.00**

Air Travel: **$ 0.00**

Rental Car: **$ 0.00**

Auto Travel:
Rates as of 1/1/2025

Personal Car Mileage @ $.76		Miles	**$ 0.00**
Airport Mileage @ $.76		Miles	**$ 0.00**

Other (please list):
Miscellaneous Expenses as allowed per policy.

Taxi										**$ 0.00**
Parking										**$ 0.00**
Baggage										**$ 0.00**
Tolls										**$ 0.00**
										$ 0.00
										$ 0.00
										$ 0.00

Total Due: **$ 0.76**

CLICK TO ATTACH ALL RECEIPTS PRIOR TO SIGNING

* After the box appears on the left click to add attachments.

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.

Submit for Approvals Date:

Signature of Traveler

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.

Approve Date:

Signature of Approver

Approve Date:

Business Office

Final Approval