

# Travel Expenses Meal and Mileage

## Rates as of 1/1/2025

Name:											NOTES:	
Student CUID #:												
Departure	DATE:											
Return	DATE:											
Trip Destination:												
Project # for Payment:	See Notes											
Purpose of Trip:											TOTAL DUE:	
Expenses Incurred:	Date:											
<b>Meals:</b>												
Location Per Diem												
Breakfast	\$	Breakfast \$										
Lunch	\$	Lunch \$										
Dinner	\$	Dinner \$										
<b>Lodging:</b> <input type="text"/>												
Registration Fee: <input type="text"/> <input type="text"/>												
Air Travel: <input type="text"/> <input type="text"/>												
Rental Car: <input type="text"/> <input type="text"/>												
<b>Auto Travel:</b> Rates as of 1/1/2025		Personal Car Mileage @ \$.70 <input type="text"/> Miles <input type="text"/>										
		Airport Mileage @ \$.70 <input type="text"/> Miles <input type="text"/>										
<b>Other (please list):</b>  Miscellaneous Expenses as allowed per policy.		Taxi	<input type="text"/>									
		Parking	<input type="text"/>									
		Baggage	<input type="text"/>									
		Tolls	<input type="text"/>									
<b>Total Due:</b> <input type="text"/>												

\* 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.

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: \_\_\_\_\_

Business Office

Date: \_\_\_\_\_