In-State Travel Expenses Meal and Mileage Rates as of 1/1/2023

Name:				ACCOUNT INFORMATION								
Employee ID	Number:				Acct:	Meals 6001	Lodging 6003	Mileage 6004	Registration 6009	Airfare 6006	Rental Car 6005	Other 6008
Departure	DATE:	TIME:		Fd: Org: Prog: Sub-Cls: Project:	0001	0000	0004	0000	0000	0000	0000	
Return	DATE:											
Trip Destination:												
Project # for	Payment:				TOTAL:					7	TOTAL DUE:	
Purpose of Trip:												
Expenses Inc		Date:										
Depart	Meals: Return	1										
Before:	ore: After:	Breakfast \$8										
6:30 am	11:00 am		3									
11:00 am	1:30 pm	Lunch \$10										
5:15 pm	8:30 pm	Dinner \$17										
		-										
	Lodging:											
Registration Fee:												
	Air Travel:											
	Rental Car:											
				1								
	Auto Travel:											
Rates as of 1/1/2023		Personal Ca	r Mileage @	\$.655	[Miles					
		Airport Milea	age @ \$.655		Miles							
		_			•		_					
Othe	ner (please list):	Taxi Parking Baggage										
Miscellaneous Expenses a												
allowed	per policy.											
Total Due:												
·=												-
		* A	fter the bo	x appears	on the left	click &	to add atta	chments.				
I certify the exp	penses listed herein	n were incurred	d and paid in th	e performano	e of my official o	duties and tha	it this claim is t	true and corre	ct in every mater	rial matter an	d conforms to t	the
	of the State laws, ru						ersity are subj	ject to terms o	f payment maint	ained by CU	Payroll office.	It is the
. ,	, ,	•										
Signature of	Traveler			-			Date:					
I hereby certi	ify that the above it											
these expens fair and reaso	ses are in complian onable.	ice with establi	shed policies a	nd procedure	s of Clemson U	niversity and	that they have	not been (nor	will not be) reim	bursed in du	plicate. I certify	price is
				_			Date:					
Signature of	Approver						Date:					
Business Offic	ce			-								