



TRAVEL (MILEAGE) LOG REIMBURSEMENT REQUEST

Name: \_\_\_\_\_ Email: \_\_\_\_\_ EMPLID: \_\_\_\_\_

Home Address: \_\_\_\_\_

Office Location:      Clemson University Campus  
Other office address: \_\_\_\_\_

DEPARTURE		RETURN		DESTINATION City or Town	DUTIES PERFORMED Instruction, site visit, etc.	TOLLS	MILES
DATE	TIME	DATE	TIME				
TOTAL FOR EACH COLUMN							
FY25 IRS Mileage Rate is: \$.67 per mile							

Account Type: \_\_\_\_\_ Project Number: \_\_\_\_\_

Comments: \_\_\_\_\_

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

Chair/PI: \_\_\_\_\_ Date: \_\_\_\_\_

Business Office: \_\_\_\_\_ Date: \_\_\_\_\_