



Student Reimbursement Form

Please complete form and submit it along with any receipts to Claire Hood.

Name:		Date:	
Student ID:		Email:	
Mailing Address:			
Reason for Reimbursement:			
Are you a current student employee of Clemson University?		Yes	No
If so, what department? _____			

Travel			
Company Name:		Company Location:	
Reason for Visit:			
Date Traveled:		Miles Driven:	x \$0.575 = \$
Departure Time:		Return Time:	

Other Purchases			
Amount:		Items purchased & purpose:	
Vendor:			

Meals			
Amount:		Purpose:	
Vendor:			

Total Reimbursement: _____ **23 Digit Account #:** _____

Student Signature: _____ **Date:** _____

Approved: _____ **Date:** _____

Per Diem	Depart Before	Return After	In State	Out of State
Breakfast	6:30 am	11:00 am	\$8	\$10
Lunch	11:00 am	1:30 pm	\$10	\$15
Dinner	5:15 pm	8:30 pm	\$17	\$25
		Total:	\$35	\$50

Revised 1/2020