

Student Reimbursement Form

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

Name: Date:													
Mailing Address: Reason for Reimbursement:	Name:							Date:					
Reason for Reimbursement:	Student ID:							Email:					
Reimbursement: Are you a current student employee of Clemson University? Yes No If so, what department? Travel Company	Mailing Address:												
Are you a current student employee of Clemson University? Yes No If so, what department? Travel Company Company Location: Reason for Visit: Date Miles Driven: x \$0.575 = \$ Departure Return Time: Other Purchases Amount: Items purchased & purpose: Vendor: Purpose: Vendor: Purpose: 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	Reas	son for											_
Travel Company Name: Company Location:	Reimburse	ement:											
Company Name: Company Location:	Α	re you a cu	rrent	student e	mplo	ployee of Clemson University?				Yes	N	0	
Company Name: Company Location:	If so, what department?												
Company Name: Company Location:	Travel												
Reason for Visit: Date	Company	Company											_
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Date Traveled: Driven: x \$0.575 = \$	Peacon												-
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		Per Diem Depart Befo		ore	Retur	n After		In State	Out of Sta	te			
Lunch 11:00 am 1:30 pm \$10 \$15		Breakfast				11:0	0 am		\$8				
	Lunch 11:00 am		n	1:30	pm		\$10	\$15					