Student Reimbursement Form

Please complete form and submit it along with any receipts to Tina Fiori.

IVai	iic.				Date.		
Student ID:					Email:		
Mailing Addre	ess:			-			
Reason Reimburseme							
Are y	ou a	current student e	mployee of Cle	emson Unive	rsity?	Yes	No
	If so,	what departmen	t?				
			Trav	/el			
Destination	Destination:			Location:			
Reason fo Visit							
	Dates Traveled:			Miles Driven:	į	x \$0.70 =	
Departure Time HH:MM tt):				Return Time (HH:MM tt):			
Meals (See Per Diem							
			Other Pu	rchases			
Amount:			Items purchased				
Vendor:			& purpose:				
			Meals (Other	Then Travel)			
Amount:			- Purpose:				
Vendor:			rui pose.				
otal Reimbur	seme	ent:	Faculty's	s 23 Digit P	roject #:		
tudent Signature:							e: e:
acuity Signatt	ــ د، د					Date	Revised: 2024

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