TRAVEL REIMBURSEMENT WORKSHEET

* Legal Name:	
* Date Submitted:	
* Student ID:	*** Email:**

DESTINATION: _____

Leave Date:_____   **Leave time:**_____

Return Date:_____   **Return time:**_____

Meals (Per Diem):   YES   NO

Per Diem uses the GSA meal rate found on gsa.gov. Put an 'X' in the boxes that you purchased meals. Leave the boxes blank if meals were provided to you.
The total will be calculated by Anna Craft.

Travel Date	Breakfast	Lunch	Dinner	Total

Purpose of trip:

Lodging:

Date	Room Cost	Tax	Tax	Total

List of room occupants:

Other expenses:

Date	Description	Amount

Transportation:

Mileage	Rate	Total

Airfare:_____

Registration: _____

Total may change based on the per diem rate or mileage rate.

**(Required)
Reimbursement Total:
$

* STUDENT SIGNATURE: _____

* ACCOUNT NUMBERS TO CHARGE: _____
        Provided by Faculty

* FACULTY APPROVAL SIGNATURE: _____

Send completed form **with receipts** to Anna Craft (akcraft@clemson.edu) or bring completed form to her office in 301 Rhodes.