

<b>PLEASE PRINT OR TYPE</b>						
<b>NAME:</b>				<b>EMPLOYEE ID NUMBER:</b>		
<b>HOME ADDRESS:</b>						
<b>Office Location:</b>				<b>Schools Assigned:</b>		
<input type="checkbox"/> Clemson University Campus <input type="checkbox"/> University Center at Greenville <input type="checkbox"/> Other office address, include in space below						
DEPARTURE		RETURN		MAJOR POINTS VISITED/DUTIES PERFORMED	LOCATION/CITY	AUTO MILES
DATE	TIME	DATE	TIME			
<b>TOTAL</b>						

I certify the expenses listed herein were incurred and paid in the performance of my official duties and that this claim is true and correct in every material matter and conforms to the requirements of the State laws, rules and regulations. I understand any reimbursements by Clemson University are subject to terms of payment maintained by CU Payroll office. It is the responsibility of the payee to verify with his/her financial institution when funds are available.

\_\_\_\_\_  
Signature of Traveler/Date (REQUIRED)

<b>Business Office Use Only:</b>	
Mileage rate	\$
Rate x Total miles	\$

\_\_\_\_\_  
Signature of Supervisor/Date (REQUIRED)