

Student Travel Expenses - STUDENT TRAVEL ONLY

Mileage Rates as of 1/1/2025

Name: _____

CUID Number (Required): _____

Departure Date: _____

Return Date: _____

Trip Destination: _____

Funding Source: _____

Purpose of Trip: _____

Expenses Incurred:

Dates:

--	--	--	--	--	--	--	--	--	--

Meals:

All overnight travel, domestic or international, per diem rates follows the appropriate GSA rates.

Domestic: [CLICK HERE](#)

International: [CLICK HERE](#)

Breakfast:

--	--	--	--	--	--	--	--	--	--

Lunch:

--	--	--	--	--	--	--	--	--	--

Dinner:

--	--	--	--	--	--	--	--	--	--

Lodging:

--	--	--	--	--	--	--	--	--	--

Registration Fee:

--

--

Air Travel:

--

--

Rental Car:

--

--

Auto Travel:

Rates as of 1/1/2023

Personal Car Mileage @ \$0.70

--

 Miles

--

Airport Mileage @ \$0.70

--

 Miles

--

Other (please list):

Miscellaneous Expenses as allowed per policy.

Itemized proof of payment required for any single item charge over \$25.00.

Taxi
Parking
Baggage
Tolls

Total Due:

--

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: _____

I hereby certify that the above items have been received or the services performed as stated and that the funds are available from the budgeted account(s) listed above. I also certify that these expenses are in compliance with established policies and procedures of Clemson University and that they have not been (nor will not be) reimbursed in duplicate. I certify price is fair and reasonable.

Signature of Fund Approver _____

Date: _____

Notes:
