

## Student Travel Expenses - STUDENT TRAVEL ONLY

Mileage Rates as of 7/1/2023

Name: \_\_\_\_\_  
 CUID Number (Required): \_\_\_\_\_  
 Departure Date: \_\_\_\_\_  
 Return Date: \_\_\_\_\_  
 Trip Destination: \_\_\_\_\_

**Please submit completed & signed form along with your approved Request to Travel form and itemized receipts to the Business Manager.**

**Meals/Per Diem:**  
 On days of actual travel, the final destination for the day determines traveler's M&IE per diem rate all day. However, on the day the traveler returns home, the city from which the traveler leaves determines the per diem rate.  
 On first and last day of travel, travelers are eligible for up to 75% of the daily M&IE per diem rate. If you have questions, please contact the Business Manager.

Funding Source: \_\_\_\_\_  
 Purpose of Trip: \_\_\_\_\_

Expenses Incurred: Dates: 

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**Meals:**

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

Breakfast:										
Lunch:										
Dinner:										

Domestic: [CLICK HERE](#)

International: [CLICK HERE](#)

**Lodging:**

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Registration Fee:

Air Travel:

Rental Car:

**Auto Travel:**

<b>Rates as of 1/1/2023</b>	Personal Car Mileage @ \$0.67	<input style="width: 50px;" type="text"/>	Miles	<input style="width: 50px;" type="text"/>
	Airport Mileage @ \$0.67	<input style="width: 50px;" type="text"/>	Miles	<input style="width: 50px;" type="text"/>

**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: \_\_\_\_\_  
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