

In-State Travel Expenses
Meal and Mileage Rates as of 1/1/2023

Name: _____	ACCOUNT INFORMATION <table style="margin: auto;"><tr><td></td><td>Meals</td><td>Lodging</td><td>Mileage</td><td>Registration</td><td>Airfare</td><td>Rental Car</td><td>Other</td></tr><tr><td></td><td>6001</td><td>6003</td><td>6004</td><td>6009</td><td>6006</td><td>6005</td><td>6008</td></tr><tr><td>Acct:</td><td colspan="7"></td></tr><tr><td>Fd:</td><td colspan="7"></td></tr><tr><td>Org:</td><td colspan="7"></td></tr><tr><td>Prog:</td><td colspan="7"></td></tr><tr><td>Sub-Cls:</td><td colspan="7"></td></tr><tr><td>Project:</td><td colspan="7"></td></tr><tr><td>TOTAL:</td><td colspan="7"></td></tr></table>		Meals	Lodging	Mileage	Registration	Airfare	Rental Car	Other		6001	6003	6004	6009	6006	6005	6008	Acct:								Fd:								Org:								Prog:								Sub-Cls:								Project:								TOTAL:							
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TOTAL:																																																																									
Employee ID Number: _____																																																																									
Departure DATE: _____ TIME: _____																																																																									
Return DATE: _____ TIME: _____																																																																									
Trip Destination: _____																																																																									

Project # for Payment: _____ TOTAL DUE: _____

Purpose of Trip: _____

Expenses Incurred: Date:

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Meals:										
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">Depart Before:</td><td style="width: 15%;">Return After:</td></tr><tr><td>6:30 am</td><td>11:00 am</td></tr><tr><td>11:00 am</td><td>1:30 pm</td></tr><tr><td>5:15 pm</td><td>8:30 pm</td></tr></table>	Depart Before:	Return After:	6:30 am	11:00 am	11:00 am	1:30 pm	5:15 pm	8:30 pm		
Depart Before:	Return After:									
6:30 am	11:00 am									
11:00 am	1:30 pm									
5:15 pm	8:30 pm									
Breakfast \$8										
Lunch \$10										
Dinner \$17										

Lodging:

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Registration Fee:

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Air Travel:

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Rental Car:

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Auto Travel:

Rates as of 1/1/2023	Personal Car Mileage @ \$0.655	<table style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 50px; height: 20px;"></td></tr></table>		Miles	<table style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 50px; height: 20px;"></td></tr></table>	
Airport Mileage @ \$0.655	<table style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 50px; height: 20px;"></td></tr></table>		Miles	<table style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 50px; height: 20px;"></td></tr></table>		

Other (please list):

Miscellaneous Expenses as allowed per policy.	Taxi	
	Parking	
	Baggage	
	Tolls	

Total Due:

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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.

	Date: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; height: 20px;"></td></tr></table>	
Signature of Traveler		

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.

	Date: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; height: 20px;"></td></tr></table>	
Signature of Approver		

Notes:
