

Out of State Travel Expenses

Meal and Mileage Rates as of 1/1/2022

Name: _____

Employee ID Number: _____

Departure DATE: _____ TIME: _____

Return DATE: _____ TIME: _____

Trip Destination: _____

Project # for Payment: _____

ACCOUNT INFORMATION							
	Meals	Lodging	Mileage	Registration	Airfare	Rental Car	Other
Acct:	6010	6012	6013	6018	6015	6014	6017
Fd:							
Org:							
Prog:							
Sub-Cls:							
Project:							
TOTAL:							

Purpose of Trip: _____ **TOTAL DUE:** _____

Expenses Incurred: Date: _____

Meals:											
Depart Before:	Return After:	Breakfast \$10									
6:30 am	11:00 am	Lunch \$15									
11:00 am	1:30 pm	Dinner \$25									
5:15 pm	8:30 pm										

Lodging: _____

Registration Fee: _____

Air Travel: _____

Rental Car: _____

Auto Travel:

Rates as of 1/1/2022	Personal Car Mileage @ \$.585	_____ Miles	_____
	Airport Mileage @ \$.585	_____ Miles	_____

Other (please list):	Taxi	Parking	Baggage	Tolls							
Miscellaneous Expenses as allowed per policy.											

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 Approver _____ Date: _____

Notes: _____
