

**Out of State Travel Expenses**  
Meal and Mileage Rates as of 1/1/2023

<b>Name:</b> _____  <b>Employee ID Number:</b> _____  <b>Departure DATE:</b> _____ <b>TIME:</b> _____  <b>Return DATE:</b> _____ <b>TIME:</b> _____  <b>Trip Destination:</b> _____  <b>Project # for Payment:</b> _____	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><th colspan="8" style="text-align: center;">ACCOUNT INFORMATION</th></tr><tr><td style="width: 10%;"></td><td style="width: 10%;">Meals</td><td style="width: 10%;">Lodging</td><td style="width: 10%;">Mileage</td><td style="width: 10%;">Registration</td><td style="width: 10%;">Airfare</td><td style="width: 10%;">Rental Car</td><td style="width: 10%;">Other</td></tr><tr><td><b>Acct:</b></td><td>6010</td><td>6012</td><td>6013</td><td>6018</td><td>6015</td><td>6014</td><td>6017</td></tr><tr><td><b>Fd:</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><b>Org:</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><b>Prog:</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><b>Sub-Cls:</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><b>Project:</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><b>TOTAL:</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	ACCOUNT INFORMATION									Meals	Lodging	Mileage	Registration	Airfare	Rental Car	Other	<b>Acct:</b>	6010	6012	6013	6018	6015	6014	6017	<b>Fd:</b>								<b>Org:</b>								<b>Prog:</b>								<b>Sub-Cls:</b>								<b>Project:</b>								<b>TOTAL:</b>							
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**Purpose of Trip:** \_\_\_\_\_

**Expenses Incurred:** Date: \_\_\_\_\_

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

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

**Registration Fee:** \_\_\_\_\_

**Air Travel:** \_\_\_\_\_

**Rental Car:** \_\_\_\_\_

**Auto Travel:**

<b>Rates as of 1/1/2023</b>	Personal Car Mileage @ \$0.655	_____ Miles	_____
	Airport Mileage @ \$0.655	_____ Miles	_____

**Other (please list):**

<b>Miscellaneous Expenses as allowed per policy.</b>	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 Approver \_\_\_\_\_ Date: \_\_\_\_\_

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