College of EDUCATION

MILEAGE LOG

PLEASE PRINT OR TYPE

NAME:	**EMPLOYEE ID NUMBER:**
HOME ADDRESS:	

Office Location:

- ☐ Clemson University Campus
- ☐ University Center at Greenville
- ☐ Other office address, include in space below

Schools Assigned:

DEPARTURE		RETURN				
DATE	TIME	DATE	TIME	MAJOR POINTS VISITED/DUTIES PERFORMED	LOCATION/CITY	AUTO MILES
					TOTAL	0

I certifiy 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.

Business Office Use Only:	
Mileage rate	**$** 0.625
Rate x Total miles	$ 0.00

Signature of Traveler/Date (REQUIRED)

Signature of Supervisor/Date (REQUIRED)

Updated 7/1/2022