

Statement of Visitor Expenses
 Clemson University
 Department of Mathematical Sciences
 O-106 Martin Hall, Box 340975
 Clemson, SC 29634-0975

In order to receive reimbursement (any non-payroll payment) from Clemson University all visitors **must** submit a required one-time registration by accessing <https://www.clemson.edu/cfo/procurement/venreg/index.php>
 Reimbursement *will not be made* until registration is completed.

Name: _____

Address: _____

Phone #: _____ Email address: _____

As an official visitor to Clemson University, I incurred and claim for reimbursement the following expenses:

Departure date: _____ Time: _____

Return date: _____ Time: _____

Description	Amount
Meals (maximum \$25/day)	Per diem
Lodging (Original Receipt)	
Air Travel	
Rail/Bus	
Auto mileage: _____ miles @ \$0.465/mile	
Other: (Please list):	
Honorarium	
TOTAL	

Office Use Only

Return form and receipts to address at top of page

(Circle One): I am a US Citizen US Permanent Resident Foreign Citizen

Date: _____

Visitor signature: _____

_____ I have completed and submitted the registration for payment through Procurement's web-site.

Purpose of visit: _____

Office Use Only	
Acct#:	
PI:	
Dept Chair:	
Req#	Rpt#
PO#	Inv#