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

	Name:				
	Address:				
	Phone #:	Emai	Email address:		
	As an official visitor to Clems	on University, I incurred an	d claim for reimbursement t	the following expenses:	
	Departure date:	Time:	(time left l	nome)	
	Return date:	Time:	(time returned home)		
	Descrip	otion	Amount	Office Use Only	
	Lodging (Original Receip	t)			
	Air Travel				
	Rail/Bus				
	Auto mileage:mile	es @ \$0.58/mile			
	Other: (Please list):				
	Honorarium				
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		TOTAL			
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