

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

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

Departure date: \_\_\_\_\_ Time: \_\_\_\_\_ (time left home)

Return date: \_\_\_\_\_ Time: \_\_\_\_\_ (time returned home)

Description	Amount
Meals (maximum \$25/day)	Per diem
Lodging (Original Receipt)	
Air Travel	
Rail/Bus	
Auto mileage: _____miles @ \$0.25/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: \_\_\_\_\_

Purpose of visit: \_\_\_\_\_

\_\_\_\_\_

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