

## Non-Employee Visitor/Guest Travel Reimbursement

## FORM INSTRUCTIONS

- Clemson will reimburse travel expenses for approved visitors, guests and job candidates up to an amount previously authorized in writing (email) provided the traveler submits for reimbursement within 14 days following the completion of a trip. Documentation for the expenses >\$25 must include receipts listing the daily-itemized room rates, charges, and taxes applicable.
- All meal expenses are subject to the in-state meal rates applicable to Clemson employees unless otherwise noted in the authorization notice (\*current meal rates are limited to \$8, \$10 & \$17 for breakfast, lunch and dinner respectively). Charges for movies, bar bills, laundry, room service, safe deposit, or other personal charges are the responsibility of the individual and are not allowed.
- This form is to be used when individual is solely seeking travel reimbursement. If individual is to receive any other type of payment -consultant fees, honorarium, reimbursement of non-travel expenses, etc... then this form can NOT be used and PO must be issued by the University prior to any trip or occurrence of expense to guarantee such payments. By submitting this form, traveler acknowledges that no other non-travel expenses are expected to be paid by Clemson University.
- All reimbursements will be paid via TigerPay, powered by Bank of America. To receive payment, visitor/guest must:
  - o Provide an email address below.
  - When payment is made, you will receive an email with "Register to Accept Payment" instructions.
  - o Click the "Register to Accept Payment" link, and complete your registration.
  - Within minutes, either your bank or clearXchange will send you an email verify your email and you will receive confirmation that your payment has been sent.

| Payee<br>(Non-employee traveler):  |                |         | Date/Time:<br>Arrival   |       |               |
|--|----------------|---------|-------------------------|-------|---------------|
| Payee Email Address:   |                |         | Date/Time:<br>Departure |       |               |
| Payee Mailing Address:   |                |         | Payee Phone<br>Number:  |       |               |
|  |                |         | Last 4 digits of SSN:   |       |               |
| Reason for Reimbursement:  |                |         |                         |       |               |
| Expenses supported:<br>(attached receipts or affidavit)                                  | Transportation | Lodging | Meals*                  | Other | Receipt Total |
| Expenses without receipt: (e.g. mileage, parking, tolls, tips/gratuities- explain below) |                |         |                         |       |               |
| Other Expenses: (explain below)  |                |         |                         |       |               |
| Total amount of Reimbursements   |                |         | ,                       |       |               |
| Other Information:   |                |         |                         |       |               |
|  |                |         |                         |       |               |
|  |                |         |                         |       |               |