Travel Expense Report

Business Services
Youngberg Hall
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Lawrence, KS 66045-7563
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This report, with the proper documentation, should be returned to the KU Center for Research (KUCR) Business Office, Youngberg Hall **OR** *to your departmental travel coordinator.* **Submit within 30 days of travel**.

Name: _____ **Date:** _____

Address: _____ **Phone:** _____

City, State, Zip: _____

E-mail Address: _____ **KU Employee: Yes__ No__ US Citizen: Yes__ No__**

Destination: _____ **Origin:** _____

Purpose: _____

_____

TRAVEL DATES & TIMES
DEPARTURE: Date: _____ Time: _____ RETURN: Date: _____ Time: _____

PROJECTS / ACCOUNTS:	AMOUNT:

EXPENSES	AMOUNT:
Transportation	
Hotel / Lodging	
Meals (per diem only)	
Car Rental	
Taxi, Fares, Tolls, Parking	
Mileage _____ **X .505**	
Registration	
Telephone	
TOTAL EXPENSES	

ADVANCES / PREPAYMENTS	AMOUNT:
Cash Advanced	
Prepaid Transportation	
Prepaid Registration	
Other Support	
Total Advances / Prepayments	
Less Total Expenses	
Balance Due Payable to KUCR	
Balance Due Payable to Traveler	

_____ _____

TRAVELER SIGNATURE **APPROVAL AUTHORITY SIGNATURE**

Notes: _____

_____

_____

_____

P/S Voucher # _____