



Non-Employee Travel Expense Report

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

Name: _____ Date: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Department: _____ US Citizen: Yes No
 Destination: _____ Origin: _____
 Purpose: _____

Have you attached an agenda, itinerary or other backup documentation to this report? Yes

Were meals provided during your trip? Yes No If yes, please detail below.

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

EXPENSES	AMOUNT:
Airfare	
Hotel/Lodging	
Meals	
Car Rental	
Taxi, Fares, Tolls, Parking	
Mileage _____ x .545	
Registration	
Other	
Total Expenses	

FUNDING	ACCT CODE	AMOUNT
Total Assigned Amount		

ADVANCES & PREPAYMENTS	AMOUNT
(Include P-Card / Voucher ID)	
Airfare	
Registration	
Lodging	
Other Expense	
Other Support	
Total Advances/Prepayments	
Less Total Expenses	
Balance Due Payable to KUCR	
Balance Due Payable to Traveler	

 Traveler Signature

 Approval Authority Signature

Notes: _____

