



Travel Summary
T&E Module
EMPLOYEE/STUDENT ONLY

Accounting Services
2385 Irving Hill Rd
Lawrence, KS 66045-7563
Telephone: 785-864-3441
Fax: 785-864-5025
rgsaccounting@ku.edu
www.kucr.ku.edu

TA # _____

This report, with the proper documentation, should be returned to Department Travel Coordinators:
Scan form with receipts immediately following the barcode page. **Submit within 30 days of travel.**

Date: _____

Name: _____

Dept Name or Research Center: _____

Airfare (if yes attach airfare itinerary)	Yes	No
International Airfare	Yes	No
If yes - I certify airfare complies with Fly America Act, where applicable. Waiver is attached Fly America Waiver Checklist (Form-MSWord)		
International (if yes, you are <u>required</u> to attach daily itinerary)	Yes	No
Conference (if yes, you are <u>required</u> to attach conference agenda)	Yes	No
Cash Advance	Yes	No
Were meals provided http://www.rgs.ku.edu/forms-policies/downloads/tr_exp.shtml	Yes	No

Amount
Total Travel Expenses including prepaids and advances:

Prepaid/Advance/Other Support (airfare/hotel/registration)	Pcard or Voucher#	Amount
CASH ADVANCE		
Airfare		
Registration		
Other support		
	Total Prepaid	
	Less Total Expenses	
	Balance due payable to KUCR	
	Balance due payable to Traveler	

If Currency Conversion go to Oanda: <http://www.oanda.com/currency/converter/> attach rate change sheets

Notes: _____

Signature: PI/Dean/Chair/Designee