

## Travel Expense Report January 1, 2021

Business Services 2385 Irving Hill Rd Lawrence, KS 66045-7563 Telephone: 785-864-3441 Fax: 785-864-5025 research.ku.edu

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 60 days of travel**.

Name:			Date:	
Dity: State:				
			Employee: ☐ Yes ☐ No US Citize	
			in:	
Have you attache	ed an agenda or ot	her backup docu	mentation to this report? Yes	
-	_	•	If yes, please detail below.	
TRAVEL DATES & TIMES			EXPENSES	AMOUNT:
DEPARTURE			Airfare	
Date: Time:			Hotel/Lodging	
			Meals (per diem only)	
RETURN			Car Rental	
Date: Time:			Taxi, Fares, Tolls, Parking	
			Mileage´_ Áx .56	
			Registration	
PROJECT	ACCT.	AMOUNT	Telephone	
			Total Expenses	
				A 14 O LINET
			ADVANCES/PAYMENTS	AMOUNT
			Cash Advanced Voucher	
			Airfare Paid on Voucher	_
			Registration Pd on Voucher	-
			Other Support	
			Total Advances/Prepayments	
			Less Total Expenses	
			Balance Due Payable to KUCR	
Total Assigned Amount			Balance Due Payable to Traveler	
Traveler Signatur Notes:	е		Approval Authority Signature	
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