



# Non-Employee Travel Expense Report

**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: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ KU Employee:  Yes  No US Citizen:  Yes  No  
 Destination: \_\_\_\_\_ Origin: \_\_\_\_\_  
 Purpose: \_\_\_\_\_

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

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

<b>TRAVEL DATES &amp; TIMES</b>	
DEPARTURE	
Date: _____	Time: _____
RETURN	
Date: _____	Time: _____

<b>EXPENSES</b>	<b>AMOUNT:</b>
Airfare	
Hotel/Lodging	
Meals (per diem only)	
Car Rental	
Taxi, Fares, Tolls, Parking	
Mileage ____' _ ¤ .56	
Registration	
Telephone	
<b>Total Expenses</b>	

<b>PROJECT</b>	<b>ACCT.</b>	<b>AMOUNT</b>
<b>Total Assigned Amount</b>		

<b>ADVANCES/PAYMENTS</b>	<b>AMOUNT</b>
Cash Advanced Voucher _____	
Airfare Paid on Voucher _____	
Registration Pd on Voucher _____	
Other Support	
<b>Total Advances/Prepayments</b>	
<b>Less Total Expenses</b>	
<b>Balance Due Payable to KUCR</b>	
<b>Balance Due Payable to Traveler</b>	

\_\_\_\_\_  
 Traveler Signature Approval Authority Signature

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_