



Expense Reimbursement Report

Financial Services
Youngberg Hall
2385 Irving Hill Rd
Lawrence, KS 66045-7563
Telephone: 785-864-3441
Fax: 785-864-5025
www.kucr.ku.edu

Name: _____ Date: _____

Address: _____ Phone: _____

E-mail Address: _____ Dept: _____

Please use this form to request reimbursement for “out of pocket”, non-travel related expenses.
Original receipts must accompany this report.

Date of Expense	Brief Description and Purpose for Items Purchased	Cost	Funding	Account Code
Total Cost				

I certify the above expenses are true and unpaid and have been incurred while engaged in official KUCR activities. Receipts are included with this report.

SIGNATURE

APPROVAL AUTHORITY SIGNATURE