

## **Travel Expense Report** January 1, 2024

**Business Services** 2385 Irving Hill Rd Lawrence, KS 66045 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:		
				Zip:		
Email:			KU Em	oloyee: ☐ Yes ☐ No US Citize	n: 🗌 Yes 🗎 No	
Destination:						
Purpose:					_	
Have you attache	d an agenda or of	ther backup	docume	ntation to this report? Yes		
Were meals provi	ded during your tr	rip?Yes 🗌	No 🗌	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 x .67		
				Registration		
PROJECT	ACCT.	AMOUN	1T	Telephone		
				Total Expenses		
				ADVANCES/PAYMENTS	AMOUNT	
				Cash Advanced Voucher	AMOUNT	
				Airfare Paid on Voucher	-	
				Registration Pd on Voucher		
				Other Support		
				Оптег бирроге		
				Total Advances/Prepayments		
				Less Total Expenses		
				Balance Due Payable to KUCR		
Total	Assigned Amount			Balance Due Payable to Traveler		
Traveler Signature Notes:	9		Ā	pproval Authority Signature		