



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: _____
 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.

TRAVEL DATES & TIMES	
DEPARTURE	
Date: _____	Time: _____
RETURN	
Date: _____	Time: _____

EXPENSES	AMOUNT:
Airfare	
Hotel/Lodging	
Meals (per diem only)	
Car Rental	
Taxi, Fares, Tolls, Parking	
Mileage _____ x .70	
Registration	
Telephone	
Total Expenses	

PROJECT	ACCT.	AMOUNT
Total Assigned Amount		

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	
Balance Due Payable to Traveler	

 Traveler Signature

 Approval Authority Signature

Notes: _____

