



Travel Expense Report

January 1, 2025

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 .725	
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: _____