



# Travel Expense Report

January 1, 2009

**Business Services**  
 2385 Irving Hill Rd  
 Lawrence, KS 66045-7563  
 Telephone: 785-864-3441  
 Fax: 785-864-5025  
 www.kucr.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 30 days of travel.*

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

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

EXPENSES	AMOUNT
Transportation	
Hotel/Lodging	
Meals (per diem only)	
Car Rental	
Taxi, Fares, Tolls, Parking	
Mileage ____ x .55	
Registration	
Telephone	
<b>Total Expenses</b>	

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

ADVANCES/PAYMENTS	AMOUNT
Cash Advanced	
Prepaid Transportation	
Prepaid Registration	
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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

P/S Voucher#: