



Expense Reimbursement Form

UNIVERSITY OF KANSAS

*This form, with the proper documentation, should be submitted to the appropriate departmental contact at the KU Shared Service Center. The form can be submitted by either drop box or scanned and emailed. **Submit within 30 days of travel.***

Employee Information

Employee Name: _____ Department: _____

Travel Information

Destination: _____

Departure Date: _____ Departure Time: _____

Return Date: _____ Return Time: _____

Receipt Information

Expense Category	Number of Receipts	Total Amount
Airfare		
Hotel/Lodging		
Meals		
Car Rental		
Taxi, Fares, Tolls, Parking		
Mileage		
Registration		
Other		

Subtract Any Personal Items		
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Per Diem	N/A	
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Additional Notes: _____