

Travel Expense Statement

Domestic Travel

All information must be provided

| | |
|--|--|
| ARE YOU CURRENTLY ON THE UNIVERSITY PAYROLL? Y [] N [] (Not answering this question will delay your reimbursement) | KFS NUMBER: _____ TRIP #: _____ |
|--|--|

| | |
|--------------------------|--------------------------------|
| Last Name: _____ | First Name: _____ |
| Social Security #: _____ | email: _____ |
| Home Address: _____ | |
| City, State, Zip: _____ | |
| Leaving From: _____ | Departure Date and Time: _____ |
| Traveling To: _____ | Return Date and Time: _____ |
| Trip Purpose: _____ | |

This statement is for the purpose of recording expenses only. It is not an officially approved document. I will submit this document and your ORIGINAL receipts to our Financial Department for processing. Reimbursements can take up to eight weeks to be processed through the entire system.

Travel Expenses by Date

| Date (MM/DD/YY) | | | | | | | | Total |
|--|--|--|--|--|--|--|--|---------------|
| Breakfast \$9 max | | | | | | | | |
| Lunch \$11 max | | | | | | | | |
| Dinner \$25 max | | | | | | | | |
| Air/Rail* | | | | | | | | |
| Lodging/Housing* | | | | | | | | |
| Phone/Fax* | | | | | | | | |
| Ground Transportation* | | | | | | | | |
| Vehicle Rental* | | | | | | | | |
| Personal Car Mileage | | | | | | | | |
| Conference Fee* | | | | | | | | |
| Other Travel Expenses* | | | | | | | | |
| Other Travel Expenses* | | | | | | | | |
| *Original receipts must be obtained for these expenses | | | | | | | | Expense Total |

Private Auto Mileage by date

| Date (MM/DD/YY) | | | | | | | |
|-----------------------|------|------|------|------|------|------|------|
| Miles traveled | | | | | | | |
| Rate* | 54.5 | 54.5 | 54.5 | 54.5 | 54.5 | 54.5 | 54.5 |
| Total | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

*Deduct commute mileage

Signature: _____ Date: _____