



## Expense Reimbursement Report

Business Services  
2385 Irving Hill Rd  
Lawrence, KS 66045-7563  
Telephone: 785-864-3441  
Fax: 785-864-5025  
www.kucr.ku.edu

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Dept: \_\_\_\_\_

Please use this form to request reimbursement for "out of pocket" expenses. Please use Travel Expense Report for travel related expenses. **Original** receipts must accompany this report.

Date of Expense	Brief Description and Purpose for Items Purchased	Cost	Project No.
Total			

I certify the above expenses are true and unpaid and have been incurred while engaged in official KUCR activities. Receipts are included with this report.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
APPROVAL AUTHORITY SIGNATURE