



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

P/S Voucher: # _____