

Out-of-State Travel Reimbursement Worksheet

Travel reimbursement cannot be processed without all of following information

Name _____
Complete Home Address _____
Office Phone # _____ Email address _____
Budget/Project # to be charged _____ Time/date of departure _____
Personal Time? **Y N** Time/date started _____ Time/date ended _____
Time/date of return to official station _____
Destination _____
Purpose of travel (conference meeting, etc.) do not abbreviate _____

Number of vehicle miles to be reimbursed (i.e. KCI 60 miles maximum) _____
Did you drive your own car? **Y N** Motor pool car used? **Y N** State car used? **Y N**
Were there other passengers? **Y N** If so, who? _____
Airfare prepaid? **Y N** Requesting Airfare reimbursement? **Y N** If so, how much? _____
(Actual itinerary copy needed regardless if prepaid by either state account or KUCR account)
Did you get a travel advance? **Y N** Did registration fee include a meal(s) ? **Y N**
Breakfast **Y N** Lunch **Y N** Dinner **Y N** If so, how many of each and what date(s) ? _____

You must attach the following with this form:

- Airfare itinerary/ticket
- Itemized hotel and/or lodging receipt
Indicate if lowest single room rate or conference hotel .
Did someone share the room with you, if so, **who**, are they KU employee or other
- Parking Receipt(s)
- Turnpike toll receipt(s)
Ktag statement if applicable
- Taxi, shuttle or limousine service receipts (required when \$30 or more)
- Registration receipt
- Supplies purchased (itemized receipts)
- If phone calls are to be reimbursed, please provide detail information
i.e., person called, reason, etc.
- Copy of meeting agenda/conference program to verify attendance

Please remember that travel claims **CANNOT** be processed if all of the above information is not provided