

CIVIL, ENVIRONMENTAL, AND ARCHITECTURAL ENGINEERING DEPARTMENT  
**Faculty Travel /Miscellaneous Expense Report**

This report and all original receipts (registration, hotel, airline tickets, car rental, meals, etc.) must be submitted to the Budget Office, Room #2150, Learned Hall. All expenses claimed MUST BE supported by original receipts and brochure of the event and/or activity.

(You may tab from one form field to the next.)

NAME: \_\_\_\_\_ DATE (mm/dd/yyyy): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ EMPLOYEE ID: \_\_\_\_\_

MAILING ADDRESS

(to send reimbursement check to): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Business Purpose of the Expense

(how it benefits KU / the Department): \_\_\_\_\_

Destination: \_\_\_\_\_

Date of Departure (mm/dd/yyyy): \_\_\_\_\_ Date of Return (mm/dd/yyyy): \_\_\_\_\_

Time of Departure (e.g. 7:00 AM): \_\_\_\_\_ Time of Return: \_\_\_\_\_

Were meals included in the registration fee?  No  Yes

If yes, please explain which meals: \_\_\_\_\_

EXPENSES	AMOUNT
Airfare	
Car Rental	
Mileage: _____ miles STATE funds @ \$.50/mile KUEA funds @ \$.50/mile	
Tolls	
Parking	
Bus/Limo/Taxi	
Lodging	
Meals	
Registration Fee	
Other item, please list:	
Other item, please list:	
Other item, please list:	
Total Expenses:	
Less Cash Advance:	
<b>BALANCE DUE TRAVELER:</b>	

Traveler's Signature: \_\_\_\_\_

CHAIR/ASSOC DEAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_