

Prospective Graduate Student Travel Expense Detail

Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

Below is a listing of expenses I incurred due to my visit at the University of Kansas. I am submitting receipts to substantiate the amount claimed. My signature below indicates these expenses are true, correct, and not being reimbursed to me from sources outside of the University of Kansas.

Note to preparer: Mileage is \$0.535/mile for travel on or after 1/1/17.

| Description of Expenses | Amount |
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| Total | <div style="border-top: 1px solid black; border-bottom: 3px double black; width: 100%;"></div> |

Signature of Person Reimbursed Date

University of Kansas Representative Title