KU THE UNIVERSITY OF KANSAS

Travel Reimbursement Form for Visitors and Other Non-employees

Name: _____

Address: _____

City: _____ **State:** Select **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.

Description of Expenses	Amount
Select Expense	
Select Expense	
Select Expense	
Select Expense	
Select Expense	
Select Expense	
Select Expense	
Select Expense	
Select Expense	
Select Expense	
Select Expense	
Select Expense	
Select Expense	
Total	$ 0.00

_____ _____
Signature of Person Reimbursed Date

_____ _____ _____
University of Kansas Representative Title

Updated 8/18/16