

## KSUFA Travel Expense Report

Please print or type												
Individual's Name						Address		City		State		Zip
Conference/Event								Role of Participant				
Date	Travel Destination	Transportation				Lodging	Meals			Miscellaneous		Total
		Air, Bus, Train, Etc.	Personal Auto		Other (taxi, etc.)		Check one:	Per Diem	Per Receipt			
			Mileage	Amount				Break	Lunch	Dinner	Amt.	
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
TOTALS		\$ -	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
I hereby certify that the expenses listed above were incurred by me and are in compliance with KSUFA travel policies and regulations.		Approval:					Date:				Less personal expenses, if any:	Subtract amount
											\$ -	\$ -
Signature of Traveler:						Date:				Amount to be reimbursed:		\$ -
Attach original itemized receipts and submit to KSUFA office within 30 days. For current mileage reimbursement figures, go to <a href="http://www.irs.gov">www.irs.gov</a> .												
Remarks:												