



Non-Employee Travel Expense Reimbursement Form

Office of Audit, Risk &
Compliance
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This form, with the proper documentation, should be returned to the KU Office of Audit, Risk & Compliance. Submit within 60 days of travel.

Traveler Information							
Traveler Name:			Date:				
Address:			Phone:				
City:	State:	Zip:	Email:				
Trip Destination(s) - (City/State):			Purpose of Travel:				
Travel Dates & Times							
Departure Date:	Departure Time:	Destination Arrival Time:					
Return Date:	Departure Time:	Return Arrival Time:					
Personal Vehicle Usage (For Event Travel)							
Date(s)	Location From:	Location to:	# of Miles	Purpose or Description			
Meals - Will be Reimbursed as Per Diem Based on Trip Location and Dates Above. Please Indicate Meals Provided to You.							
Date(s)	Breakfast Provided	Lunch Provided	Dinner Provided				
Other Travel Expenses							
Expense Category	Vendor Name	Date(s)	Total Amount				
Airfare							
Hotel/Lodging							
Car Rental							
Taxi/Fares							
Tolls and Parking							
Other:							
<table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border: none;"> _____ Traveler Signature Date </td> <td style="width: 10%; border: none;"></td> <td style="width: 45%; border: none;"> _____ Approval Authority Signature Date </td> </tr> </table>					_____ Traveler Signature Date		_____ Approval Authority Signature Date
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Notes:							