

# University of Kansas

## Event Travel Reimbursement Form (Non-Employee)

Use this form to request reimbursement for approved event travel. Complete all required fields (\*) and attach receipts for airfare, lodging, car rental, and other expenses. Submit within 60 days of travel to the KU Office of Audit, Risk & Compliance.

Office of Audit, Risk & Compliance • Strong Hall, Suite 345 • 1450 Jayhawk Blvd • Lawrence, KS 66045 • 785-864-4904  
• repatriation@ku.edu

### 1) Traveler Information

Traveler Name *	Email *
<input type="text"/>	<input type="text"/>
Phone *	Mailing Address *
<input type="text"/>	<input type="text"/>

### 2) Trip Details

Trip Destination(s) (City/State) *
<input type="text"/>
Purpose of Travel *
<input type="text"/>

### 3) Travel Dates & Times

Departure Date *	Departure Time	Return Date *	Return Time
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Origin (City/State) *		Destination Arrival Time	
<input type="text"/>		<input type="text"/>	
Return Arrival Time		Traveler City/State/Zip *	
<input type="text"/>		<input type="text"/>	

### 4) Personal Vehicle Usage (Event Travel)

Complete only if using a personal vehicle. List each segment if multiple destinations.

Date(s)	Location From	Location To	# Miles
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 5) Meals Provided (Per Diem)

Check meals that were provided to you on each date (to avoid duplicate reimbursement).

Date	Breakfast	Lunch	Dinner
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 6) Other Travel Expenses (Attach Receipts)

Expense Category	Vendor Name	Date(s)	Total Amount (\$)
Airfare	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hotel/Lodging	<input type="text"/>	<input type="text"/>	<input type="text"/>
Car Rental	<input type="text"/>	<input type="text"/>	<input type="text"/>
Taxi/Fares	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tolls/Parking	<input type="text"/>	<input type="text"/>	<input type="text"/>