

Employee Travel Expense Report *to be filed after travel is completed*

Name of Traveler: _____ Title _____
 Department: _____
 Type of Travel Domestic International Destination: _____
 Purpose of travel: _____
 Event description: _____
 Event Dates: Beginning _____ Ending: _____

Departure information

Departure Location: _____ Date: _____ Time _____
 Arrival Location: _____ Date: _____ Time _____

Return information

Departure Location: _____ Date: _____ Time _____
 Arrival Location: _____ Date: _____ Time _____

****If personal travel, specify days/time beginning and ending, with cost comparison in notes*

Additional Expenses _____	Dollar Amount _____	Select Payment Type
Select Transportation from List: _____	\$ _____	
Departure baggage fee(s) _____	\$ _____	
Return baggage fee(s) _____	\$ _____	
Lodging _____	\$ _____	Itemized receipt must be attached
Conference registration _____	\$ _____	
Car rental, fuel _____	\$ _____	
Select if rental is a university vehicle K-State Motor Pool		
Taxi, Shuttle, Uber _____	\$ _____	
Parking _____	\$ _____	
Mileage _____	Select: One Way Round Trip _____	One-Way Mileage Total _____
Other (describe in notes below):		

Per Diem: List date(s) that you are requesting per diem **Meal and Incidental Expense Allowance Timeframes**

List Date(s) Below:	Breakfast	Lunch	Dinner

If meals are paid with Foundation funds, actual itemized receipts are required

Notes: