



Travel Reimbursement Form
Original Receipts Required for Reimbursement
Due within 14 days of arrival back to Manhattan

Travel Reimbursement for: _____ Student _____ Organization
Organization name _____ Organization FEID# _____
Organization address _____
Student name _____ Phone # _____
Student address _____ Email _____
Student SSN (only needed if for student reimbursement) _____

Travel Information

Destination _____
Title of competition, conference, meeting, workshop, etc. Please do not abbreviate.

Dates of event or competition Beginning _____ Ending _____
Departure from Manhattan Date _____ Time _____
Arrival back in Manhattan Date _____ Time _____

Travel Expenses for Reimbursement

\$ _____	Private car gas expenses
\$ _____	Vehicle rental
\$ _____	Airfare
\$ _____	Lodging
\$ _____	Registration/Entry fees
\$ _____	Other _____
\$ _____	Total amount for reimbursement

Are meals included in the registration/entry fee? Yes _____ No _____

** If yes, how many? Breakfasts _____ Lunches _____ Dinners _____

It will take the State of Kansas 2-6 weeks to issue payment. State of Kansas checks are identical to KSU payroll stubs. Be sure to open all State of Kansas correspondence to ensure prompt reimbursement.

I certify the above information is true and correct to the best of my knowledge.

Printed Name Signature Date

Authorization of Club Expenditure	
President _____	Date _____
Treasurer _____	Date _____

Rec'd by _____

Date Rec'd _____