KU CENTER FOR RESEARCH, INC.
The University of Kansas

Expense Reimbursement Report

Financial Services
Youngberg Hall
2385 Irving Hill Rd
Lawrence, KS 66045-7563
Telephone: 785-864-3441
Fax: 785-864-5025
www.kucr.ku.edu

Name: _____ **Date:** _____

Address: _____ **Phone:** _____

E-mail Address: _____ **Dept:** _____

Please use this form to request reimbursement for "out of pocket", non-travel related expenses. **Original** receipts must accompany this report.

Date of Expense	Brief Description and Purpose for Items Purchased	Cost	Funding	Account Code
	Total Cost	$0.00		

I certify the above expenses are true and unpaid and have been incurred while engaged in official KUCR activities. Receipts are included with this report.

_____ _____

SIGNATURE **APPROVAL AUTHORITY SIGNATURE**