

CASH ADVANCE REIMBURSEMENT INFORMATION

Due 1(one) week after travel occurs

Please provide a list of KSU student attending this trip.

ORIGINAL, ITEMIZED RECEIPTS ARE REQUIRED FOR REIMBURSEMENT.

CASH ADVANCE REIMBURSEMENT FOR:

Organization Name _____

Faculty/Staff Advisor _____

Contact Person _____ Phone _____ E-mail _____

Destination _____
(City) (State/Country)

Title of Conference, Meeting, Workshop (*Please do not abbreviate*) _____

Dates of Meeting: Beginning _____ Ending _____

Departure from Manhattan: Date _____ Time _____ Arrival at Destination: Date _____ Time _____

Departure from Destination: Date _____ Time _____ Arrival in Manhattan: Date _____ Time _____

ACTUAL TRAVEL EXPENSES:

\$ _____ Private Car

\$ _____ Vehicle Rental

\$ _____ Airfare

\$ _____ Meals

\$ _____ Lodging

\$ _____ Registration Meals included? ____ Yes* ____ No

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

\$ _____ Other _____

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

Signature

Date