SAMPLE FORM - Cash Advance Reimbursement for Student Travel

State of Kansas
Department of Administration
Division of Accounts and Reports
KSU-121 (Rev. 6-91)

TRAVEL PAYMENT VOUCHER

Agency No.	Div. No..	Current Doc. No.
367	01	VO

Document Date: 7 / 15 / 03 Effective Date: / /

Vendor Information

No/Sfx: 367011000 - 01
Name: KSU Imprest Fund
Cashiers & Loans
Street: 212 Anderson Hall
City: Manhattan
State: KS Zip: 66506 -

Payment Indicator ☐

Kansas State University

Dept. Name: Any Dept
Building: Any Building
Phone # (xxx) xxx - xxxx
Position: Sponsor/Position
Official Station: Manhattan, KS
Regular Domicile: Manhattan, KS
Travel Period: 7 / 3 / 03 — 7 / 9 / 03
Travel Order No.: 03140

Sfx	T/C	Ref. Doc.	Sfx	M	Fund	BFY	Index	PCA	Sub-Obj	Det	Amount	Agency Use
01	703				2520	04	2080	21210	2582		660.00	Acct # - 2582
02	703				2520	04	2080	21210	2592		225.00	Acct # - 2592
03	703				2520	04	2080	21210	2532		8.50	Acct # - 2532
04												
05												
06												
07												
										Document Total	893.50	

Date	Departure Time	Arrival Time	Private Vehicle Miles	Destination	Meals	Lodging Name	Lodging Amount	Other Expense Amount	Other Expense Description of Other Expense and Purpose of Travel
7-3-03	6 am	1 pm		St. Louis, MO	45.00	Holiday Inn	65.00	225.00	Registration for Big 12 Conference 3
7-4-03					45.00	Holiday Inn	65.00		Students x $75.00 = $225.00
7-5-03					45.00	Holiday Inn	65.00	8.50	Turnpike tolls
7-6-03					45.00	Holiday Inn	65.00		
7-7-03					45.00	Holiday Inn	65.00		
7-8-03					45.00	Holiday Inn	65.00		
7-9-03	5 am	12:00		Manhattan, KS					
Totals	$				270.00		390.00	233.50	Document Total 893.50

State Vehicle No. 6240

Total Miles

X Rate Per Mile .20

Comments:

Food - 3 students x $15.00 x 6 days = 270.00
Lodging at Conference Rates
Cash Adv received $900.00 Returned to Cashiers $6.50
Attended 1st Annual Big 12 Conference

CLAIMANT CERTIFICATION:

I certify that the above claim is correct, due and unpaid, and that the amount claimed herein is actually due according to law.

Signature _____ Date _____

DEPARTMENTAL APPROVALS:

Signature _____ Date _____

AGENCY PAYMENT CERTIFICATION:

I certify that the travel and expense within was duly ordered, on official state business, under authority of law, and the amount herein is correct and is unpaid.

Signature _____ Date _____