

Kansas State University									
Dept. Name:									
Building:									
Phone # () -									
Position:									
Official Station:									
Regular Domicile:									
Travel Period: / / — / /									
Travel Order No.:									

Vendor Information			
No/Sfx:		Payment Indicator	<input type="checkbox"/>
Name:			
Street:			
City:			
State:	Zip:	-	

[illegible]

Date	Departure Time	Arrival Time	Private Vehicle Miles	Destination	Meals	Lodging		Other Expense	
						Name	Amount	Amount	Description of Other Expense and Purpose of Travel
State Vehicle No.	Total Miles								
	X Rate Per Mile		36						

Totals	\$							Document Total
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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

_____ Signature	_____ Date
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Signature _____ Date _____