

Employed by any KSU Department.

Y N

If No, W-8 or W-9 form must be completed/submitted online-
https://www.k-state.edu/finsvcs/generalaccounting/Vendoring.html

Travel Reimbursement (please print)

OFFICE USE ONLY:
OSTR#: _____
Doc.#: _____

Check One:

- In-State/Local** **Out of State/International** **Virtual**

SEND COMPLETED FORM TO: agrbus@ksu.edu

Have you or will you be receiving reimbursement from any other department or an outside source? Yes No
If yes, provide account number/amount/brief explanation: _____

Name _____

Position _____

Email address: _____

Social Security # (last 4 digits only) _____

Official Station (if not Manhattan) _____

Home Address _____

ACCOUNT # (s) _____

Supervisor: _____

(include sub acct. #) Account number must match Travel Request.

If this account number belongs to another Agronomy Faculty member, attach approval to use account.

DESTINATION (s) _____

If you Traveled in State Vehicle list vehicle number here: _____

Departure from Manhattan: _____ a.m. p.m.
(date) (time)

Arrival back in Manhattan: _____ a.m. p.m.
(date) (time)

PURPOSE OF TRAVEL _____

**Additional Travelers: _____

Shared lodging? Yes or No If yes, whom? _____ Where is person employed? _____

IMPORTANT: →→→ If attending an event, please attach a copy of agenda/schedule showing dates/location/meals provided.

If personal vehicle driven, attach copy of map quest directions showing direct route

Please provide as much information below as possible to explain special circumstances/situations that will assist in the preparation of your voucher.

ATTACH ONLY RECEIPTS THAT WILL BE REIMBURSED!

REIMBURSEABLE EXPENSES - Detailed Receipts MUST be Attached!

EXPENSE (personally paid; ie: mileage, tolls, parking, etc.)	AMOUNT	

EXPENSES PAID WITH BPC CARD/OTHER FUNDS OR SOURCES:

PAID EXPENSES

Expense:	BPC (name & month)/Other source	
Airfare		\$
Lodging		\$
Registration Fee		\$
Rental Car		\$
Baggage Fee		\$
Tolls		\$
Parking		\$
Taxi/Bus/Ride Share		\$
Other Expenses: Briefly explain		

PROVIDED MEALS:

List Meal/Date provided: INDICATE DATE MEAL WAS PROVIDED. **INCLUDE HOTEL BREAKFAST/Airline Meal (s)**
(i.e., 01/25,01/26)

Breakfast	
Lunch	
Dinner	