

**KANSAS STATE UNIVERSITY
DEPT. OF COMPUTER SCIENCE
EXPENSE REPORT**

Name of Event or Purpose of Visit: _____

Date(s) of Event: _____

Name of person requesting reimbursement: _____

HOME Address: _____

Telephone Number: _____ E-Mail: _____

EXPENSES:

Date/Time you left home: _____ Date/Time you returned home: _____

Airfare: _____

Personal Vehicle Mileage*: _____ (\$.655/mile) _____

***a printed map from MapQuest or comparable site must be included**

Parking: _____ **Back up documents must be pdf files. NO IMAGES**

Lodging: _____

Meals Provided. Indicate the date & meal (breakfast, lunch, or dinner):

Other (please itemize): _____

TOTAL (does not include per diem): _____

► **COMPLETE AND SIGN THE ATTACHED W-9**

► **ALL ORIGINAL, ITEMIZED RECEIPTS & THE W - 9 MUST ACCOMPANY THIS DOCUMENT**

Completed request & backup documents can be submitted securely here:

https://www.cs.ksu.edu/secure_file_upload.html

Or left with conference personnel.

Questions? Email: cbruna (questions only. **For your protection do not email documents containing personal information**)

or Call Charlotte at: 785-532-7788