KANSAS STATE UNIVERSITY
DEPT. OF COMPUTER SCIENCE
EXPENSE REPORT

Name of Event or Purpose of Visit: _____

Date of Event: _____

Name of person requesting reimbursement: _____

HOME Address: _____

_____

Telephone Number: _____   E-Mail: _____

EXPENSES:

    Airfare:_____

    Personal Vehicle Mileage*: _____   ($.585/mile)
    _____ *a printed map from MapQuest or comparable site must be included

    Parking: _____

    Lodging: _____

    Meals: _____   (An **ITEMIZED** receipt for **EACH** meal must be submitted)

    Other (please itemize): _____

_____

_____

                          TOTAL _____

►COMPLETE AND SIGN THE ATTACHED W-9

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

Return all documents to: Charlotte Bruna
                      Dept. of Computer Science
                      Kansas State University
                      2184 Engineering Hall, 1701D Platt Street
                      Manhattan, KS 66506
                      email: cbruna@ksu.edu

Questions?   Call Charlotte at: 785-532-6350