KANSAS STATE UNIVERSITY
FOUNDATION
2323 Anderson Ave. Ste. 500 • Manhattan, KS 66502-2911
785-532-6266 • 800-432-1578 • www.found.ksu.edu

Print Form

The following PDF form should be used for requesting reimbursements for Travel and Entertainment Expenses or when a Payee has multiple invoices to be reimbursed for.

The PDF form is a FILL-IN form that can be used either with Adobe Reader or with Adobe Professional.
If you open the PDF form with Adobe Reader, you will be able to save the blank form for future use, fill-in requested data, print the form, and save the form with filled in data.

You can save the commonly used data (i.e. fund #, fund name, contact information) as a template in order to streamline the preparation of transmittal forms.

If you have access to Adobe Professional, you can customize the form for your college with a drop-down box listing the most used Fund numbers and Fund names. If you need help with this, please contact Christy Scott via e-mail at christys@found.ksu.edu.

FEATURES OF THE FORM:

1). Fill-in boxes will automatically change the 'font' size to fit the information that you type into the space available.
2). Drop down boxes provide choices for Travel Expenses and Other Expenses. If you don't see a description that fits your expenditure, you can type the description directly into the field.
3). The Total Amount field is a calculated field.
4). There is a second page available for additional invoices. The total of the invoices on Page 2 will automatically populate to page 1.
5). The Fund #, Fund name and Payee name will automatically FILL-IN on the second page of the document. If you only need one page for information, just print that page only. Adobe allows you to select the pages to be printed.
6). This form is viewed in Landscape format. However, when printing, it will "shrink" to Portrait. If you wish to print in Landscape format you will need to set this preference in your print properties.

KSUF-6 Travel/Entertainment or Other Expenses

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Print Form

Date

Fund #

Fund Name

Payee Name

Payee Title

INSTRUCTIONS

1. This form should be used to report travel and entertainment expenses OR
2. This form should be used when there are multiple invoices for which one (1) Payee is being reimbursed.
3. Original and itemized receipts are required.
4. Multiple invoices should be taped to an 8 1/2 x 11 sheet of paper. Please place the invoices in the same order as information is entered on the expense form.
5. Please include names and titles of all persons entertained at a business meal, or other type of business entertainment.
6. If more room is needed, please attach information as necessary to accurately document the business purpose.

If this reimbursement request is for a business trip please describe the purpose of the trip & the destination

Date	Expense paid to:	DESCRIPTION OF EXP & BUS PURPOSE Please state who, what, where, when, why to fully explain the nature of the expense.	Travel Expense Description (Use drop down list or type your own)	Other Expense Description (Use drop down list or type your own)	Fund # (if different from above)	Amount

Page 2 Total

Grand Total

Approved for Payment by (person with signature authority)

I certify to Kansas State University Foundation that these expenses are valid, for the benefit of Kansas State University, and in accordance with donor instructions as documented in the FUND's MOU or appropriate correspondence. I also certify that reimbursement for these expenses is not being requested from another source.

/

Payee Name & Title (please print) | Signature | Date

Theresa Hogenkamp, Business Manager

Approved by Name & Title (please print) | Signature | Date

☐ Call for Pickup ☒ Return Ck To:

Name: Charlotte Bruna

PH Number 785 - 532 - 7788

Dept: Computing & Information Sciences

Address: 2184 Engineering Hall, CAMPUS

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Fund #

Fund Name

Payee Name

Date	Expense paid to:	DESCRIPTION OF EXP & BUS PURPOSE Please state who, what, where, when, why to fully explain the nature of the expense.	Travel Expense Description (use drop down list or type your own)	Other Expense Description (use drop down list or type your own)	Fund # (if different from above)	Amount

Page 2 Total