Kansas State University Foundation (REV 12/2017)

FOUNDATION

Print Form

Please email: cbruna@ksu.edu AND hogen@ksu.edu when checks are ready to be picked up

1800 Kimball Avenue, Suite 200 Manhattan, Kansas 66502-3373 785-532-6266 • www.found.ksu.edu

Fund #			Fund Name	-							Date	
Payee Name Payee Title Payee Address If this reimbursement request is for a business trip please			nlesse	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.								
			& the destination	•								
Date Expense paid to:		DESCRIPTION OF EXP & BUS PURPOSE Please state who, what, where, where, where, where, where, where the properties of the expense.			hy to Description (Use Description drop down list or drop		Other Exp Descriptio drop dowr type your	n (Use n list or	Fund # (if different from above			
							·	·			Page 1 Tota	ı 📗
				Approve	d for Payment by (pers	on with signature authority)					Grand Tota	
						of Kansas State University, and in accord oursement for these expenses is not beir					l for Pickup	Return Ck To:
Davies Name (C Title / Law 1997)				C:t	Name:							
Payee Name & Title (please print)			iit)	Signature		Date		PH Number	er [
Approved by Name & Title (please print)			Signature		Date		Address:					

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Fund #	Fur	nd 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	
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