



Travel Expense Voucher

FORM BA3

Revised 7/8/13

**Tab through all cells or else total at bottom may not appear*

Date: _____ Page: _____ of _____ Assigned Control Number _____

Business Unit	Account	Fund	Department	Program	Class	Project Grant

Employee <input type="checkbox"/>	Vendor ID	Name
Non-Employee <input type="checkbox"/>		
Student <input type="checkbox"/>		
Operating Unit Title (College or Central Office Title)		Work Location
Residence (Street Address)		Residence City, State and Zip Code

Date	Location		Lodging	Private Auto Miles	Meals	Totals
	From:	To:				
Purpose:						
Purpose:						
Purpose:						
Purpose:						
Was KCTCS vehicle available? <input type="checkbox"/> YES <input type="checkbox"/> NO		Totals for this page			x .47/mile=	

I certify that the above are actual expenses incurred by me while on official travel status and all information is true, correct, and complete to the best of my knowledge. I hereby authorize KCTCS to direct deposit my reimbursement. I also authorize withdrawal transactions from my account in the event of an overpayment or erroneous deposit.

Employee Signature/Date

Budget Authority Signature Date

Supervisor Signature/Date

Auditor Signature Date

Totals From Other Pages	
Deduct Lodging Deposit (Previously Reimbursed)	
Grand Total	

Attach pre-travel out-of-state authorization form, signed by college or KCTCS president