

Approval for reimbursement of travel expenses is hereby requested:

Travel from _____ to _____
on or about _____ for interview regarding employment as _____

SECTION A
PROSPECTIVE EMPLOYEE
NAME: _____
ADDRESS: _____
SSN*: _____

SECTION B
SPOUSE / DEPENDENT of
PROSPECTIVE EMPLOYEE
NAME: _____

The estimated expenses for this travel are:

Airplane Fare	\$ _____
Other Commercial Fare (Specify)	_____
Private Vehicle	_____
Lodging	_____
Meals	_____
Other Expenses (Specify)	_____
Total Expenses	\$ <u>0.00</u>

The estimated expenses for this travel are:

Airplane Fare	\$ _____
Other Commercial Fare (Specify)	_____
Private Vehicle	_____
Lodging	_____
Meals	_____
Other Expenses (Specify)	_____
Total Expenses	\$ <u>0.00</u>

Notes, explanations and other comments concerning details of itinerary and/or comparative costs of automobile mileage versus airfare, etc.

Dean's approval date: _____

Expenses to be charges to: _____
Account Name

Account Number	G/L Account	Cost Center	Order	WBS Element	Fund	Earmarked Funds
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APPROVAL
Head of Department

APPROVAL
Dean, Director or Administrative Officer

Date

For The President
(Not valid unless dated and initialed by authorized University Officer)

*SSN required only if reimbursing spouse/dependent travel