

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*: _____

*SSN required only if reimbursing spouse/dependent travel

☐ US Citizen ☐ Perm. Resident ☐ Non-Resident AlienThe *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>

SECTION B**SPOUSE / DEPENDENT of
PROSPECTIVE EMPLOYEE**

NAME: _____

Prospective Employee will be required to submit Sub W-9/Payee Certification
when submitting spousal/dependent reimbursement.The *estimated* expenses for spouse/dependent 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: _____

The **ACTUAL** 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 **ACTUAL** expenses for spouse/dependent for this travel are:

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

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 (for estimated expenses)

Dean, Director or Administrative Officer

Date

For The President

Date

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