

REQUEST FOR REIMBURSEMENT OF CANDIDATE INTERVIEW EXPENSES

TRAVEL:

Automobile Travel

Round-trip mileage @ 67.0 cents per mile Mileage - \$ _____

Air Travel or Train

Actual coach fare of candidate \$ _____
(original receipt to be furnished)

LODGING:

Actual expense of candidate \$ _____
(original receipt to be furnished)

MEALS:

Actual expenses, not to exceed \$44.00 per day (original receipts to be furnished) \$ _____

TOTAL AMOUNT REQUESTED \$ _____

Candidate Name: _____

Address: _____

Social Security #: _____ EIU Dept.: _____

Candidate Signature: _____

Date: _____

Approval of Dean/Director: _____

Date: _____

NOTE: Submit this form to the appropriate Dean or Director if you have not already requested reimbursement for your expenses. Please attach original receipts.