

REQUEST FOR REIMBURSEMENT OF CANDIDATE INTERVIEW EXPENSES

TRAVEL:

Automobile Travel

Round-trip mileage @ 51 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 \$28.00 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.