

Candidate Interview Expense Reimbursement

Name	Position Applied For	PO Number
------	----------------------	-----------

Address to Send Reimbursement	<p>Maximum Total Reimbursement \$1,000.00 without Presidential approval</p> <p>Airfare: Actual Cost (coach/business class only)</p> <p>Auto Rental: Actual Cost Up to \$40.00 per day (2 day Maximum)</p> <p>Parking: Actual Cost up to \$20.00 per day (2 day Maximum)</p> <p>Food: Actual up to \$50.00 per day (2 day Maximum) Itemized</p> <p>Receipts REQUIRED, NO Alcoholic Beverages</p> <p>Hotel: Actual Cost (2 night Maximum)</p>
-------------------------------	--

Transportation Costs:

Airfare: _____

Rental Car: _____

Private Car: _____ Private Car Mileage: _____

Map attachment is REQUIRED for mileage reimbursement

Total Transportation Costs: _____

Meals:

Restaurant Name
Costs

Itemized Receipts MUST be Attached

Total Meal Expenses: _____

Hotel Expense: _____ Total Hotel Expense: _____

Miscellaneous Expenses:

Total Misc. Expense: _____

I hereby certify that the above expenses are true and correct and were incurred in connection with a candidacy for a position at Athens State University. I further certify that the total claimed for travel reimbursement represents all expenses to be reimbursed for the trip, and I acknowledge that it is understood that any travel reimbursement claims received by the Office of Financial Affairs after two months from the date of travel will be disallowed. I also understand that no reimbursement will be made to an applicant who has been offered a position and declined.

Expenses already paid by University:

Total Paid by University: _____

Signature of Claimant	Date
Signature of HR Representative	Date
Signature of Financial Affairs	Date

Eligible Amount: \$ 1,000.00

Eligible Amount Remaining: _____

Total Itemized Expenses: _____

Total Eligible Reimbursement: _____