

CANDIDATE TRAVEL EXPENSE REPORT

Allegheny College

Accounts Payable Use

In order to receive reimbursement for the expenses you incurred on your trip to Allegheny College, please fill out this form and return it to the person responsible for your visit. Please type or print. Please include all original receipt with this form.

Candidate's Printed Name _____
Complete formal name, no nicknames, and include middle name or initial.

Position Sought _____

Mailing Address _____

If a previous student, alumni or employee, please indicate here and include id # if known. _____

EXPENSES: Please attach original detailed receipts taped to 8 1/2 x 11 sheet of paper.

Airline*	\$ _____	Food*	\$ _____
Taxi*	\$ _____	Lodging*	\$ _____
Limo*	\$ _____	Parking*	\$ _____
Mileage @ \$0.67	\$ _____	Other*	\$ _____
TOTAL AMOUNT DUE ME		\$	_____

Candidate's Signature _____ Date _____

Chairperson's or
Cabinet's Signature _____ Date _____

Provost or
HR's Signature _____ Date _____

(Please return completed form the Provost or Director of Human Resource for final approval)

Above expenses are charged to Recruitment Account #10-1562-5724-00000