CANDIDATE TRAVEL EXPENSE REPORT

Allegheny College

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 ½ 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