

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.

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

Nickname may be provided here for reference _____

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 @
\$0.70 \$ _____ Other* \$ _____

TOTAL AMOUNT DUE ME \$ _____

Candidate's Signature _____ Date _____

Chairperson's or
Director's Signature _____ Date _____

Dean's or
HR's Signature _____ Date _____

(Please return completed form to Dean of the College's or Human Resource's office for final approval)

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