

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.

Candidate's Printed Name _____
Complete First and Last Name (**Legal Names Only**)

Date(s) of Visit _____ Preferred name for reference _____

Position Sought _____

Mailing Address _____

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

EXPENSES: Please attach or scan all original detailed receipts:

Airline	\$ _____	Food	\$ _____
Taxi	\$ _____	Lodging	\$ _____
Parking	\$ _____	Car Rental	\$ _____
Mileage @ _____ cents	_____	Other	\$ _____
TOTAL AMOUNT DUE ME			\$ _____

Candidate's Signature _____ **Date** _____

Chairperson's or Director's Signature _____ **Date** _____

HR's Signature _____ **Date** _____

Please return completed form to Human Resource's Box 4 or hr@allegheny.edu with receipts for final approval.

Above expenses are charged to Recruitment Account #1000000-15810-67240-00000-0000000-0000