

2024 Candidate Interview Expense Reimbursement

Name	Position Applied For	PO Number	
	Maximum Total Reimburser	ment \$1,000.00 without Presidential	
	approval Airfare: Actual Cost (coach/business class only) Auto Rental: Actual Cost Up to \$40.00 per day (2 day Maximum) Parking: Actual Cost up to \$20.00 per day (2 day Maximum)		
Address to Send Reimbursement			
	Food: Actual up to \$50.00 per day (2 day Maximum) Itemized		
	Receipts REQUIRED, NO	Alcoholic Beverages	
	Hotel: Actual Cost (2 night M	Maximum)	
T C			
Transportation Costs:			
Airfare:			
Rental Car:	D: 0 151		
Private Car:	Private Car Mileage:		
Map attachment is REQUIRED for	•	Fransportation Costs:	
Meals:	Total I	Tansportation Costs.	
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Restaurant Name	Costs		
Itemized Receipts MUST be			
Attached		Total Meal Expenses:	
		m 155 155	
Hotel Expense:		Total Hotel Expense:	
Miscellenous Expenses:			
Miscellellous Experises.			
		Total Misc. Expense:	
I hereby certify that the above expenses are true and	l correct and were incurred in connection with a	Expenses already paid by Univer-	sity:
candidacy for a position at Athens State University.	I further certify that the total claimed for travel		
reimbursement represents all expenses to be reimbursement	ursed for the trip, and I acknowledge that it is		
understood that any travel reimbursement claims re	ceived by the Office of Financial Affairs after two		
months from the date of travel will be disallowed.			
		Total Paid by University:	
		Eligible Amount:	\$ 1,000.00
Signature of Claimant	Date	Eligible Amount Remaining:	_# 1,000.00
	Date	Total Itemized Expenses:	
		Total Eligible	
Signature of HR Representative	Date	Reimbursement:	
o-gamente of the representative	Date		
Signature of Financial Affairs	Date		