COLLEGE OF ARTS AND SCIENCES  
CANDIDATE EXPENSE REIMBURSEMENT  
(1 Form per Candidate)

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
<th>FIS/KFS Doc# Reference(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meals (Candidate ONLY)</td>
<td>$______</td>
<td>_________________________</td>
</tr>
<tr>
<td>Lodging</td>
<td>$______</td>
<td>_________________________</td>
</tr>
<tr>
<td>Transportation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air (Max $500)</td>
<td>$______</td>
<td>_________________________</td>
</tr>
<tr>
<td>Mileage (Max $500)</td>
<td>$______</td>
<td>_________________________</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>$______</td>
<td>_________________________</td>
</tr>
<tr>
<td>Other Expenses (please specify):</td>
<td>$______</td>
<td>_________________________</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$______</td>
<td>_________________________</td>
</tr>
</tbody>
</table>

Account to be Reimbursed: _______-___-___ (where details above were charged)

Departmental Contact for Questions: ________________________________

Please attach copies of pertinent receipts and send to: 
Alicia Swafford  
College of Arts and Sciences  
Kirkwood Hall 208  
Bloomington Campus  
(812) 856-0728  

Doc # ________________  
(College Use Only)