

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

Department: _____ OAA Number: _____

Candidate Name: _____

Date(s) of Interview: _____

Interviewed with in Dean's Office (*circle one*): Singell Robinson DeRuyter Pilachowski Bucur Watt

Reimbursement # (*circle one*): 1 2 Other

Expenses to be reimbursed (copies of receipts should be attached):

	Amount	FIS Doc# Reference
Meals	\$ _____	_____
Lodging	\$ _____	_____
Transportation:		
Air	\$ _____	_____
Mileage	\$ _____	_____
Other (<i>please specify</i>)	\$ _____	_____
Other Expenses (<i>please specify</i>):	\$ _____	_____
Total Expenses	\$ _____	

Account to be Reimbursed: _____ - _____ - _____ (*where details above were charged*)

Departmental Contact for Questions: _____

Please attach copies of pertinent receipts and send to:

Misty Cummings
College of Arts and Sciences
Kirkwood Hall 208
Bloomington Campus
(812) 856-0728

Doc # _____
(College Use Only)