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

Department: _______________  OAA Number: _______________

Candidate Name: ____________________________________________

Date(s) of Interview: _________________________________________

Interview in Dean’s Office: ________________________________

Reimbursement # (circle one):  1  2  Other – attach approval

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

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
<th>KFS Doc#</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meals (Candidate ONLY)</td>
<td>$________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lodging</td>
<td>$________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Transportation:

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
<th>KFS Doc#</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air (Max $500)</td>
<td>$________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mileage (Max $500)</td>
<td>$________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>$________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Expenses (please specify): $________

Total Expenses $________

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

Departmental Contact for Questions:

Please attach copies of pertinent receipts and send to:

John Bunde  
College of Arts and Sciences  
Owen Hall, 201A  
Bloomington Campus  
(812) 856-0728

Doc # __________________
(College Use Only)