**AUTHORIZATION FOR REIMBURSEMENT OF INTERVIEW EXPENSES**

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| --- |
| **POSITION INFORMATION** |
| Date: |       |
| Budget Position Number: |       |
| UW System Title: |       |
|  |
|  |
| **APPLICANT INFORMATION** |
| First Name/Last Name: |       |
| Address: |       |
| City, State, ZIP: |       |
| Country (if not USA):  |       |
|  |
| **ESTIMATED TRAVEL EXPENSES TO BE REIMBURSED** *attach paperwork if necessary* |
| Expense:  |       |
|  Airfare |       |
|  Mileage |       |
|  Hotel |       |
|  Meals |       |
|  Parking |       |
|  Other |       |
|  **TOTAL** |       |
| **Budget Code:** |       |
|  |
| **RESOURCES** |
| [Travel reimbursement guidelines](http://www.uwgb.edu/controller/travel)[Policy for Recruitment and Hiring (Section G)](http://www.uwgb.edu/UWGBCMS/media/hr/policies/PolicyForRecruitmentAndHiring.pdf) |
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| **AUTHORIZATION**  |
|  |  |  |
| *Recruitment Chair* |  | *Date* |
|  |  |  |
| *Dean/Division Head* |  | *Date* |
|  |
|  |
| **FORWARD COMPLETED FORM TO CAMPUS TRAVEL COORDINATOR, CONTROLLERS OFFICE CC:** **hr@uwgb.edu** |