**AUTHORIZATION FOR REIMBURSEMENT OF INTERVIEW EXPENSES**

|  |  |
| --- | --- |
| **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**](mailto:hr@uwgb.edu) | | |