



Authorization for On-Campus Interview Expense

Date _____

Candidate's Name _____

Address _____

City, State and Zip _____

Position Applied For _____

(For faculty, give anticipated rank of appointment)

Check Appropriate Box Faculty Staff

Department _____

Administrator Making Request _____

Preparer of Form _____ Ext. _____ Room _____

Estimated Expenses:

Form of Payment:

- | | | | | |
|---|-------|------------------------------------|--|--|
| 1) Candidate Meals | _____ | <input type="checkbox"/> Candidate | | |
| 2) Interview Committee Meals
(Candidate must be present) | _____ | | <input type="checkbox"/> CSUF Issued Credit Card | <input type="checkbox"/> Other (Explain in Comments below) |
| 3) Lodging | _____ | <input type="checkbox"/> Candidate | <input type="checkbox"/> CSUF Issued Credit Card | <input type="checkbox"/> Other (Explain in Comments below) |
| 4) Private Auto | _____ | <input type="checkbox"/> Candidate | | <input type="checkbox"/> Other (Explain in Comments below) |
| 5) Misc. (Parking, shuttle taxi, telephone) | _____ | <input type="checkbox"/> Candidate | <input type="checkbox"/> CSUF Issued Credit Card | <input type="checkbox"/> Other (Explain in Comments below) |
| 6) Airfare | _____ | <input type="checkbox"/> Candidate | <input type="checkbox"/> CSUF Issued Credit Card | <input type="checkbox"/> Other (Explain in Comments below) |

TOTAL ESTIMATED EXPENSES

AUTHORIZED AMOUNT NOT TO EXCEED

Dates of Interview _____

Charge to Chartfield

Account (6)	Fund (5)	Department (5)	Program (4)	Class (5)	Project (8)	Amount
_____	_____	_____	_____	_____	_____	_____
Account (6)	Fund (5)	Department (5)	Program (4)	Class (5)	Project (8)	Amount
_____	_____	_____	_____	_____	_____	_____

Comments:

Approval

Dept. Head/Chair _____ Date _____

Dean/Administrator _____ Date _____

Division Head (VP/Designee) _____ Date _____