



Date: _____

Authorization #: _____

Candidate Name: _____

INVOICE FOR ON-CAMPUS INTERVIEW MEAL REIMBURSEMENT

Instructions:

Use this form to request reimbursement for meal expenses paid for with personal funds for On-Campus Interviews (when the Interview Committee and candidate share a common meal.) Attach original, itemized receipts then send the completed and signed form to Travel Operations (College Park 300). Use a separate invoice for each candidate.

Payee Name: _____ CWID Number: _____

Address: _____

With my signature below, I attest that the Candidate (above) is not requesting reimbursement for these meals, and that no alcoholic beverages were purchased with General Funds (or Special or Auxiliary Funds from the above account(s), if so prohibited) in conjunction with or as any part of these meal expenses.

Payee Signature: _____ Date: _____

Date: _____	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner	Amount \$ _____
Attendees: _____				

Date: _____	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner	Amount \$ _____
Attendees: _____				

Date: _____	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner	Amount \$ _____
Attendees: _____				

Total \$ _____

Department Chartfield to be Charged:

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

Signature of Approver (Approver must have Delegation of Authority on file for the chartfield indicated):

_____ Date: _____