



Date: _____

DP #: _____

Candidate Name: _____

INVOICE
(Attach to AP Check Request)

Invoice - Interview Committee Meal(s) with On-Campus Candidate

Instructions:

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). Submit Accounts Payable Check Request, Invoice, original itemized receipt(s), and D11 to: **Accounts Payable, CP-300.**

Payee Name: _____ CWID Number: _____

Address: _____

With my signature below, I attest that the Candidate (above) is not requesting reimbursement for these meals. In addition, there is no reimbursement for alcohol beverages purchased.

Payee Signature: _____ Date: _____

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

Total \$ _____

Department Chartfield to be Charged:

Account (6)	Fund (5)	Department (5)	Program (4)	Class (5)	Project (8)
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Signature of Approver (Approver must have Delegation of Authority on file for the chartfield indicated):

_____ Date: _____