



CALIFORNIA STATE UNIVERSITY
FULLERTON

Financial Services

http://finance.fullerton.edu

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, 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: _____

<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: _____