

Approval for reimbursement of travel expenses is hereby requested:

Travel from _____ to _____ on or about _____

for interview regarding employment as _____

OR non-employee travel to Purdue for _____

SECTION A

PROSPECTIVE EMPLOYEE OR NON-EMPLOYEE INFO
NAME: _____

ADDRESS: _____

SSN*: _____

**SSN required only if reimbursing spouse/dependent travel*

US Citizen Perm. Resident Non-Resident Alien

SECTION B

Prospective Employee will be required to submit Sub W-9/Payee Certification when submitting spousal/dependent reimbursement.

**SPOUSE / DEPENDENT of
PROSPECTIVE EMPLOYEE**

NAME: _____

The *estimated* expenses for **prospective employee travel** are:

Airplane Fare	\$ _____
Other Commercial Fare (Specify)	_____
Private Vehicle	_____
Lodging	_____
Meals	_____
Other Expenses (Specify)	_____
Total Expenses	\$ <u>0.00</u>

The *estimated* expenses for **prospective employee spouse/dependent** for this travel are:

Airplane Fare	\$ _____
Other Commercial Fare (Specify)	_____
Private Vehicle	_____
Lodging	_____
Meals	_____
Other Expenses (Specify)	_____
Total Expenses	\$ <u>0.00</u>

Notes, explanations and other comments concerning details of itinerary and/or comparative costs of automobile mileage versus airfare, etc.

17C Pre-APPROVAL:

Head of Department

Dean, Director or Administrative Officer

_____ Date

_____ Date
For The President
(Not valid unless dated and initialed by authorized University Officer)

The **ACTUAL** expenses for this prospective employee or non-employee travel to Purdue are:

Airplane Fare	\$ _____
Other Commercial Fare (Specify)	_____
Private Vehicle	_____
Lodging	_____
Meals	_____
Other Expenses (Specify)	_____
Total Expenses	\$ <u>0.00</u>

The **ACTUAL** expenses for prospective employee spouse/dependent for this travel are:

Airplane Fare	\$ _____
Other Commercial Fare (Specify)	_____
Private Vehicle	_____
Lodging	_____
Meals	_____
Other Expenses (Specify)	_____
Total Expenses	\$ <u>0.00</u>

Account Number	G/L Account	Cost Center	Order	WBS Element	Fund	Earmarked Funds
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APPROVAL to Pay: (Dept. Head or PI required)