

ARIZONA STATE UNIVERSITY
INTERVIEWEE EXPENSE SUMMARY

SECTION A: TO BE COMPLETED BY INTERVIEWEE

Name:

Home mailing address:

EXPENSE SUMMARY: Exclude any expenses paid directly by ASU.

Cost of transportation (Attach passenger copy of airline ticket or travel agency) \$ _____

Cost of Lodging (Attach original receipt(s)) \$ _____

Meals (Original receipts required if total meals and incidental expenses exceed \$54.00 per day.) \$ _____

DATE	BREAKFAST	LUNCH	DINNER	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\$ _____

Total meal and lodging expenses in excess of allowed rates for Maricopa County will require a written justification by the department authorizing reimbursement. See Financial Services Travel Page <http://www.asu.edu/fs/travel/traveln.html> for the current lodging rate.

Other costs (Specify, such as airport limo; attach original receipts if \$25 or more)

_____ \$ _____

_____ \$ _____

Total expense reimbursement \$ _____

I certify that the above summary is complete and accurate and that these expenses were paid personally by me and not directly to a vendor by ASU.

Signature of Interviewee

Date

SECTION B: TO BE COMPLETED BY DEPARTMENT

Position Title and Department for which Interviewee is being considered

Agency/Org

Line Number

Date(s) of Interview

If any interviewee expenses were paid directly by ASU [e.g. hotel, airfare, and/or travel agency], indicate the purchase request number(s) here:

I certify that the individual listed above was an interviewee at ASU and that none of the expenses listed in the expense summary section were paid directly to a vendor by ASU.

Signature and Title of Authorized Department Representative

Date

Revised 7/16/07