



**Section I: To be completed by interviewee**

Name: \_\_\_\_\_  
Home mailing address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Expense summary:** Exclude any expenses paid directly by ASU.

- 1. Transportation cost: Attach the passenger copy of the airline ticket or travel agency invoice. \$ \_\_\_\_\_
- 2. Lodging cost: Attach the itemized receipt. \$ \_\_\_\_\_
- 3. Meals: Itemized receipts are required if the total expenses exceed \$59 per day. \$ \_\_\_\_\_

Date	Breakfast	Lunch	Dinner	Total
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

The meal and lodging expenses total should not exceed allowed rates for Maricopa County. Charges in excess of those allowed under ASU travel policies will require a written justification and may, at the discretion of Financial Services, require dean, provost, vice provost or vice president approval. [Review the Financial Services Travel page](#) for current lodging rates.

Other costs: Specify the expense. No receipt is needed for an individual expense under \$50. For any individual expense over \$50, please attach the original receipt.

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Total expense reimbursement \$ \_\_\_\_\_

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

\_\_\_\_\_  
Signature of interviewee Date

**Section II: To be completed by department**

\_\_\_\_\_  
Position title and department for which the interviewee is being considered

\_\_\_\_\_  
Position number Interview date

Indicate which expenses were paid, the payment method, and if any interviewee expenses were paid directly by ASU, such as hotel, airfare and/or travel agency.

\_\_\_\_\_