



Section I : To be completed by interviewee

Name: _____

Home mailing address: _____

Expense summary | Exclude any expenses paid directly by ASU.

- 1. Transportation cost | Attach the passenger copy of airline ticket or travel agency invoice. \$ _____
- 2. Lodging cost | Attach the itemized receipt(s). \$ _____
- 3. Meals | Itemized receipts are required if the total expenses exceed \$46 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 and attach receipts if expenses exceed \$50. \$ _____

_____ \$ _____

_____ \$ _____

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

Cost Center + Program, Gift, Grant or Project Worktag _____ _____
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.

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

Signature and title of cost center manager _____
Date