Department Submit Original to College Office
Not Less Than Two Weeks in Advance of Interview

CAMPUS INTERVIEW – FACULTY RECRUITMENT
REQUEST FOR AUTHORIZATION FOR REIMBURSEMENT
OF TRANSPORTATION EXPENSES

Department: _____ Reference #: _____

Recruitment #: _____ Date: _____

Name of Applicant _____
Last First Middle

Home Address _____

_____
City State Zip

Please attach completed Vendor 204 to this authorization

Travel of applicant from _____ to Long Beach and return.
(City and State)

Travel Dates _____

Interview Dates _____

Anticipated Transportation Costs (Please refer to applicable state travel guidelines):

Round trip coach airfare (or mileage) $_____

Please check if airfare is direct billed through Giselle's: YES ☐ NO ☐

Ground transportation/Parking $_____

Lodging/Per Diem ____Days $_____

TOTAL **$_____**

_____ _____
Department Chair Signature Date

APPROVAL	**CHARTFIELD**
Signature: _____ Date: _____ *Dean/Designee*	Amount Authorized: $_____ _____ _____ _____ _____ _____ *Account Fund Dept ID Program Class*
Signature: _____ Date: _____ *Provost/Designee*	Amount Authorized: $_____ _____ _____ _____ _____ _____ *Account Fund Dept ID Program Class*