Faculty Search Interview Expense Request
College of Education

Please complete the form below and submit to the Dean’s Office prior to the initiation of expenses associated with faculty search interview expenses:

Name of Candidate ______________________ Address _____________________________________________

Position ______________________ Rank ____________________________________________

Itinerary:
Departure City & State ______________________ Departure Date __________ Time __________
Return: Date __________ Time __________

Expenses:
Airfare: Amount _________ PO# _________
(Please use contract rate unless lower rate can be obtained; College BTA may be used)

Lodging: # of Days _________ Rate _________ Facility _________________________ Amount _________

Per Diem: # of Days _________ x Seattle Per Diem Rate _________ Amount _________

Requested Hosted Meals: Please note that 1 hosted dinner is authorized: cost not to exceed $200

Date: ____________ Meal _________ Facility _________________________ Requested Expense _________
(b, l or d)

Date: ____________ Meal _________ Facility _________________________ Requested Expense _________
(b, l or d)

Date: ____________ Meal _________ Facility _________________________ Requested Expense _________
(b, l or d)

Other Expenses: (Please list)
Transportation Other

______________________ ______________________
Total Requested Expenditure _________

Approvals
Search Committee Chair ____________________________ Dean’s Office ____________________________

facsearchapproval, 10/14/16