

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 _____	_____	_____
Per Diem: # of Days _____ x Seattle Per Diem Rate _____	_____	_____

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