

Approval for reimbursement of travel expenses is hereby requested:

Travel from \_\_\_\_\_ to \_\_\_\_\_ on or about \_\_\_\_\_  
for interview regarding employment as \_\_\_\_\_

**OR** non-employee travel to Purdue for \_\_\_\_\_

**SECTION A**

**PROSPECTIVE EMPLOYEE OR NON-EMPLOYEE INFO**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SSN\*:** \_\_\_\_\_

**\*SSN required only if reimbursing spouse/dependent travel**

US Citizen  Perm. Resident  Non-Resident Alien

The *estimated* expenses for prospective employee travel are:

Airplane Fare .....	\$	_____
Other Commercial Fare (Specify) .....		_____
Private Vehicle .....		_____
Lodging .....		_____
Meals .....		_____
Other Expenses (Specify) .....		_____
<b>Total Expenses .....</b>	<b>\$</b>	<b>0.00</b>

**SECTION B**

**Prospective Employee will be required to submit Sub W-9/Payee Certification when submitting spousal/dependent reimbursement.**

**SPOUSE / DEPENDENT of  
PROSPECTIVE EMPLOYEE**

**NAME:** \_\_\_\_\_

The *estimated* expenses for prospective employee spouse/dependent for this travel are:

Airplane Fare .....	\$	_____
Other Commercial Fare (Specify) .....		_____
Private Vehicle .....		_____
Lodging .....		_____
Meals .....		_____
Other Expenses (Specify) .....		_____
<b>Total Expenses .....</b>	<b>\$</b>	<b>0.00</b>

Notes, explanations and other comments concerning details of itinerary and/or comparative costs of automobile mileage versus airfare, etc.

**17C Pre-APPROVAL:**

Head of Department

Dean, Director or Administrative Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
For The President  
(Not valid unless dated and initialed by authorized University Officer)  
Date

The **ACTUAL** expenses for this prospective employee or non-employee travel to Purdue are:

Airplane Fare .....	\$	_____
Other Commercial Fare (Specify) .....		_____
Private Vehicle .....		_____
Lodging .....		_____
Meals .....		_____
Other Expenses (Specify) .....		_____
<b>Total Expenses .....</b>	<b>\$</b>	<b>0.00</b>

The **ACTUAL** expenses for prospective employee spouse/dependent for this travel are:

Airplane Fare .....	\$	_____
Other Commercial Fare (Specify) .....		_____
Private Vehicle .....		_____
Lodging .....		_____
Meals .....		_____
Other Expenses (Specify) .....		_____
<b>Total Expenses .....</b>	<b>\$</b>	<b>0.00</b>

Account Number	G/L Account	Cost Center	Order	WBS Element	Fund	Earmarked Funds
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APPROVAL to Pay: (Dept. Head or PI required)