

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 AlienThe **estimated** expenses for **prospective employee travel** are:

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

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) | | _____ |
| Total Expenses | \$ | <u>0.00</u> |

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) | | _____ |
| Total Expenses | \$ | <u>0.00</u> |

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) | | _____ |
| Total Expenses | \$ | <u>0.00</u> |

| Account Number | G/L Account | Cost Center | Order | WBS Element | Fund | Earmarked Funds |
|----------------|-------------|-------------|-------|-------------|------|-----------------|
|----------------|-------------|-------------|-------|-------------|------|-----------------|

APPROVAL to Pay: (Dept. Head or PI required)