

**REQUEST FOR REIMBURSEMENT OF
APPLICANT RECRUITMENT EXPENSES**

Name _____ Social Security # _____ Date of request _____

Address _____ City _____ State _____ Zip _____

Telephone number _____ Email address _____

Position for which applicant interviewed _____ Date of interview _____

TRANSPORTATION: To: _____ From: _____	Amount Claimed	For Accounting Use
Mode of travel: <input type="checkbox"/> Plane* <input type="checkbox"/> Bus / Train* <input type="checkbox"/> Personal Car <input type="checkbox"/> Rental Vehicle*	\$ _____	\$ _____
Mileage: Total _____ x \$.445	\$ _____	\$ _____
ACCOMMODATION:		
Hotel or Motel:* _____ night(s) x \$ _____ = \$ _____	\$ _____	\$ _____
INCIDENTAL EXPENSES: (Original receipts must be attached)		
Tolls, Taxi, Parking, etc*... (Please itemize)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
*Original Receipts Must Be Attached	Total: \$ _____	\$ _____
	Amount Due Traveler: \$ _____	\$ _____

I hereby certify that the above expenses were actually incurred by me as necessary travel recruitment expenses and that this travel claim for reimbursement is true and correct.

Person Requesting Reimbursement _____

Manual Signature required

Please mail the completed form and original receipts to:

Manager Employment, Palm Beach State College, 4200 Congress Avenue, Mail station #10, Lake Worth, FL 33461

Manager Employment _____ Approved by President/Designee _____

ACCOUNTING USE ONLY	
Received _____	Processed _____
A/C No. _____	
Encumb. No. _____	
Encumb. Amount _____	
Budget Position # _____	