Department Submit Original to College Office
One Week in Advance of Interview

CAMPUS INTERVIEW--FACULTY RECRUITMENT
REQUEST FOR AUTHORIZATION FOR REIMBURSEMENT
OF TRANSPORTATION EXPENSES

Department: _____ Reference No: _____

Date: _____

Name of Applicant _____
Last First Middle

Social Security No. _____

Home Address _____

_____
City State Zip

Travel of applicant from _____
to Long Beach and return (City/State)

Travel Dates _____

Position for which applicant will be interviewed _____

Anticipated Transportation Costs (Please refer to applicable state travel guidelines):

Round trip coach airfare $_____

Ground transportation/Parking $_____

Lodging/Per diem ____Days $_____

TOTAL **$_____**

_____ _____
Department Chair Signature Date

APPROVAL	**CHARTFIELD**
Signature: _____ Date: _____ *Dean/Designee* Signature: _____ Date: _____ *Provost/Designee*	Amount Authorized: _____ _____ _____ _____ _____ *Account* *Fund* *Dept ID* *Program* Amount Authorized: _____ _____ _____ _____ _____ *Account* *Fund* *Dept ID* *Program*