## CAMPUS INTERVIEW – FACULTY RECRUITMENT REQUEST FOR AUTHORIZATION FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES

Department:		Reference #:		
Recruitment #:		Date:		
Name of Applicant				
	Last	First	Middle	
Home Address				_
	City	State	Zip	-
***F	Please attach compl	eted Vendor 204 to	this authorization**	*
Travel of applicant	from((	City and State)	to Lon	g Beach and return.
Travel Dates				_
Interview Dates				
Anticipated Transpo	ortation Costs (Plea	se refer to applicab	le state travel guidel	ines):
	Round trip coach	airfare (or mileage)	\$	
Please check	if airfare is direct bil	led through Giselle's	: YES NO	
	\$			
	Lodging/Per Dier	nDays	\$	
	TOTAL		\$	
Department (	Chair Signature		Date	-
APPROVAL			CHARTFIELI	)
		Amount Authorized	\$	

Signature: Dean/Designee		_ Date:	Amount Authorized: \$					
Deun/Designee		Account	Fund	Dept ID	Program	Class		
Signature:	Provost/Designee	_ Date:	Amount Authorized: \$					
			Account	Fund	Dept ID	Program	Class	