

SOUTHERN CONNECTICUT STATE UNIVERSITY

CANDIDATE REIMBURSEMENT FORM

Candidate Name: _____ Banner# (if avail) _____

Address: _____

Phone Number: _____ Date(s) of Visit: _____

Department: _____ Search #: _____

Position Title: _____

Index Code	Account
	705800

Itemized Expenses							
	Travel By Personal Auto			Taxi /Uber	Air/Rail/Bus	Lodging	Meals
Date	Tolls	Parking	Mileage*				
*Multiply miles by current GSA mileage rate in use by the University https://inside.southernct.edu/accounts-payable/mileage-rate						Total Reimbursement <i>(Must submit itemized receipts)</i>	

Search Chair Date

Dean/Director Date

Vice President Date

President Date

Accounts Payable USE ONLY

Inv# *Pay Date:*

Check# *Check Date:*
