



Human Resources
800 W. 6th Street
Austin, Texas 78701

Interview Expense Reimbursement Form

Name: _____

Last 4 digits of Social Security #: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Dates of Travel: From: _____ To: _____

Position Applied for: _____

Host Manager: _____

Transportation:	<i>Prepaid</i>	<i>To Be Reimbursed</i>
Airline Tickets	\$ _____	\$ _____
Personal Vehicle (_____ miles x \$0.545)	= \$ _____	
Rental Vehicle	\$ _____	\$ _____
Rental Vehicle Fuel Expense	\$ _____	\$ _____
Taxi	\$ _____	\$ _____
Parking	\$ _____	\$ _____

Accommodations:		
Hotel	\$ _____	\$ _____
Safe Arrival Phone Call	\$ _____	\$ _____
	Subtotal	\$ _____

Meals:		
Date: _____	Day One (1)	\$ _____
Date: _____	Day Two (2)	\$ _____
Date: _____	Day Three (3)	\$ _____
Date: _____	Day Four (4)	\$ _____

Totals should include breakfast, lunch, dinner and any incidentals covered under the expense reimbursement guidelines. **Submit all original, itemized receipts for reimbursement.**

Subtotal \$ _____

Grand Total \$ _____

PLEASE ATTACH ALL RECEIPTS
(Inclusive of Prepaid/Reimbursed Expense Receipts)

Signature: _____ Date: _____
