

Instructions:

Complete the Form 17C and ACH Form (if check is desired instead of direct deposit, ACH is not required)

Return completed forms, **and all receipts**, using the File Locker link sent with these forms

If any additional information is required, someone will be in contact

Approval for reimbursement of travel expenses is hereby requested:

Travel from \_\_\_\_\_ to \_\_\_\_\_  
on or about \_\_\_\_\_ for interview regarding employment as \_\_\_\_\_

**SECTION A**

**PROSPECTIVE EMPLOYEE**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SSN\*:** \_\_\_\_\_

**SECTION B**

**SPOUSE / DEPENDENT of  
PROSPECTIVE EMPLOYEE**

**NAME:** \_\_\_\_\_

The estimated expenses for this travel are:

Airplane Fare ..... \$ \_\_\_\_\_

Other Commercial Fare  
(Specify) ..... \_\_\_\_\_

Private Vehicle ..... \_\_\_\_\_

Lodging ..... \_\_\_\_\_

Meals ..... \_\_\_\_\_

Other Expenses  
(Specify) ..... \_\_\_\_\_

Total Expenses ..... \$ 0.00

The estimated expenses for this travel are:

Airplane Fare ..... \$ \_\_\_\_\_

Other Commercial Fare  
(Specify) ..... \_\_\_\_\_

Private Vehicle ..... \_\_\_\_\_

Lodging ..... \_\_\_\_\_

Meals ..... \_\_\_\_\_

Other Expenses  
(Specify) ..... \_\_\_\_\_

Total Expenses ..... \$ 0.00

Notes, explanations and other comments concerning details of itinerary and/or comparative costs of automobile mileage versus airfare, etc.

Dean's approval date: \_\_\_\_\_

Expenses to be charges to: \_\_\_\_\_  
Account Name

Account Number	G/L Account	Cost Center	Order	WBS Element	Fund	Earmarked Funds
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**APPROVAL**

Head of Department

**APPROVAL**

Dean, Director or Administrative Officer

\_\_\_\_\_ Date

\_\_\_\_\_ Date  
(Not valid unless dated and initialed by authorized University Officer)