Reimbursement for Meals during Interviews

Position: ___________________  Candidate’s Name: ___________________

The number of persons for meals should be limited to the candidate (and spouse if applicable), and persons directly involved in the interview process. The number of College attendees should not exceed four (4) people, without prior approval of the Director of Human Resources. Some meals should be taken in Ellis College Center if possible. The average cost per person should not exceed the following amounts: Breakfast - $10.00, Lunch - $12.00, and Dinner - $30.00. Any charges that exceed these guidelines will be considered a departmental or personal charge to the individual responsible for the arrangements.

Please submit this form along with the receipts to the Human Resources Office for payment. Thank you.

Date of Breakfast: ______________

Restaurant: ___________________  Make Reimbursement to: ___________________
Amount: ___________________  Paid By: P-Card ___  Cash ___  Other __________

Persons attending:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date of Lunch: ______________

Restaurant: ___________________  Make Reimbursement to: ___________________
Amount: ___________________  Paid By: P-Card ___  Cash ___  Other __________

Persons attending:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date of Dinner: ______________

Restaurant: ___________________  Make Reimbursement to: ___________________
Amount: ___________________  Paid By: P-Card ___  Cash ___  Other __________

Persons attending:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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