

**Colorado State University Extension
Interview Authorization and Expense Reimbursement**

Travel Voucher # _____

Interview Authorization

To: _____

Begin Travel On _____

Position: _____

End Travel On _____

This correspondence authorizes you to travel for the purpose of interviewing for the position indicated above. Colorado State University Extension permits prospective employees invited for a job interview to be reimbursed for expenses incurred consistent with current policies and procedures.

Interview Trip Authorized:

Dipung

Expense Reimbursement

To assist us in securing reimbursement for you, please complete the following schedule and return it to us at the completion of the trip. Meals are reimbursed at a per diem rate of \$46.00, consisting of \$9.20 for breakfast, \$14.26 for lunch and \$22.54 for dinner. **Meals on the first and last day of Travel will be paid at 75% of per diem.** Please indicate any meals provided for you in the appropriate space on the chart below with a "P". No meals are reimbursed when traveling from home to an interview and returning home on the same day. Lodging is reimbursed at the actual cost of reasonable single occupant rate accommodations. Original receipts are required for most expenses, except meals and mileage, and must be attached to this form when submitting for reimbursement.

Date	Location	Breakfast	Lunch	Dinner	Lodging	Daily Total
Airline ticket – attach passenger’s copy						
Rental Car – attach paid rental receipt and gasoline receipts						
Personal Car Mileage - \$0.50 per mile Total Miles =						
Other – taxi, telephone, parking, etc – Please list and attach receipts if over \$25.00 each						

Total Reimbursement: _____

Traveler Certification: I certify the statements herein are true and just in all respects; that payment of the amounts claimed has not and will not be reimbursed to me from any other sources; that travel performed for which reimbursement is claimed was performed by me on State business and that no claims are included for expense of a personal or political nature or for any other expense not authorized by the State of Colorado Fiscal Rules; and that I actually incurred or paid the operating expenses of the motor vehicle for which reimbursement is claimed.

Traveler Signature: _____

Administrative Approval: _____

Printed Name _____

Social Security # _____

Mailing address _____

City, State, Zip _____

Daytime Phone _____