



Human Resources  
800 W. 6<sup>th</sup> 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: \_\_\_\_\_

<b>Transportation:</b>	<i>Prepaid</i>	<i>To Be Reimbursed</i>
Airline Tickets	\$ _____	\$ _____
Personal Vehicle ( _____ miles x \$0.545)	= \$ _____	
Rental Vehicle	\$ _____	\$ _____
Rental Vehicle Fuel Expense	\$ _____	\$ _____
Taxi	\$ _____	\$ _____
Parking	\$ _____	\$ _____
<b>Accommodations:</b>		
Hotel	\$ _____	\$ _____
Safe Arrival Phone Call	\$ _____	\$ _____
	<b>Subtotal</b>	\$ _____

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