

CENTRAL CONNECTICUT STATE UNIVERSITY

Candidate Travel Expense Voucher

Candidate Name _____
 Address _____
 Address _____
 Social Security Number _____
 Travel Dates _____

Department _____
 Search #/Title of Vacancy _____
 Bargaining Unit _____
 Search Chair _____
 Search Chair's Approval _____

ITEMIZED EXPENSES											
DATE		TRANSPORTATION		TAXI OR	OTHER TRAVEL EXPENSES		LODGING		MEALS		
Mo/Da	Description	Amount	Limo	Description	Amount	Room Rate	Tax	B	L	D	
GRAND TOTAL											

For Office Use Only

Payment Approved By _____ Date _____ Amount Approved _____ Account Number _____

FOR OFFICE USE ONLY	

Please attach all original receipts
to the back of this form

DEADLINE: In order to receive reimbursement for approved travel expenses, this form and supporting receipts must be received in the Travel Office within 30 days after completion of travel. Any claims submitted after this date will be returned without reimbursement.