

# CENTRAL CONNECTICUT STATE UNIVERSITY

## Candidate Travel Expense Voucher

Candidate Name		Department	
Address		Search # Title of Vacancy	
W9	<a href="#">Submit through a Secured Link</a>	Bargaining Unit	
Travel Dates		Search Chair Name	
		Search Chair Approval	

### ITEMIZED EXPENSES

Transportation			Lodging				Meals			
Date	Description	Amount	Date	Room Rate Amount	Tax Amount	Total per day	Breakfast	Lunch	Dinner	Total per day
	Airfare/Rail									
	Uber/Taxi/Bus									
	Uber/Taxi/Bus									
Total Transportation			Total Lodging				Total Meals			
										<b>Grant Total</b>

#### For Office Use Only

Provost/VP/AVP/Chief Signature: _____	Date: _____	Amount Approved: _____	Budget Index: _____
Print Name: _____		<b>Please attach all receipts to the back of this form.</b>	

#### FOR FISCAL AFFAIRS USE ONLY

Banner ID:		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.
Document ID:		
Posting ID and Date:		