Boise State University

Candidate Interview Expense Summary

Instructions on reverse side.

Section 1: Candidate completes this section.

Name ____________________________________________________________

Home Mailing Address

Street ___________________________________ City ________________ State __________ Zip ____________

Choose one: □ U.S. Citizen □ Resident Alien (provide copy of green card) □ Nonresident Alien (provide copy of visa)

Candidate travel expenses will be reimbursed at rates not to exceed those established for state employees.

Expense Summary Exclude any expenses paid directly by Boise State University.

Meals: Enter actual amount spent up to maximum allowed. Maximum allowances include tax and gratuity.

<table>
<thead>
<tr>
<th>Date</th>
<th>Breakfast ($11.25 max.)</th>
<th>Lunch ($15.75 max.)</th>
<th>Dinner ($24.75 max.)</th>
<th>Total Day ($45.00 max.)</th>
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<tbody>
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</table>

Total Meals $ __________ no receipts required

Attach to this form:
- Airfare receipt and itinerary
- If driving, provide one of these
  - Google Map or MapQuest map showing mileage (preferred doc.)
  - OR mileage log
- Original itemized receipt for lodging
- Original itemized receipts for all other expenses

Receipts not required for meals.

Airfare $ __________
Mileage, if driving $ __________
Lodging $ __________

Other Expenses (such as airport parking or taxis)

<table>
<thead>
<tr>
<th>item:</th>
<th>Amount Paid</th>
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<tbody>
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</table>

$ __________

TOTAL EXPENSE REIMBURSEMENT $ __________

Candidate Statement

1. I certify that the above address and citizenship information is correct.
2. I certify this expense summary is complete and accurate and that I personally paid these expenses.

Candidate Signature ____________________________ Date Signed __________

Section 2: Department complete this section.

Position title for which candidate is being considered __________________________

Org/Dept. ID to charge 599051 599051

Acct. Code PCN

Hiring Department Name Prepared by: __________________________ Phone __________________________

Date(s) of Interview __________

List candidate expenses paid directly by Boise State University. (Attach copies of receipts and campus visit itinerary.)

<table>
<thead>
<tr>
<th>Expense (e.g., hotel, airfare)</th>
<th>Method of Payment (pcard or check)</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Signature of Authorized Department Representative __________________________ Title __________________________

Phone __________________________ Date __________

Rev. 10/15
**Instructions: Candidate Interview Expense Summary Form**

| Reimbursement Limits | • Candidate travel expenses will be reimbursed at rates not to exceed those established for state employees.  
|                     | • Candidates will be reimbursed for the least cost method of travel (example: if the candidate opts to drive but flying would have been cheaper, the candidate will be reimbursed for the cost of airfare.) |
| Submission Instructions | • Use one form per candidate  
|                     | • Attach all supporting documentation  
|                     | • Forward completed form with documentation to: Accounts Payable, MS 1248 |
| Supporting Documentation Required | Original itemized receipts are required to substantiate the expense complies with all IRS, State of Idaho, and Boise State University policies and regulations.  
|                     | Tape small receipts on 8.5" x 11" white paper to prevent loss. **Do not highlight receipts.**  
|                     | □ Candidate interview itinerary (required for every candidate)  
|                     | □ Airline itinerary and receipt (and credit card statement if receipt is incomplete)  
|                     | □ If candidate drove, Google Map or MapQuest map showing mileage (preferred) or mileage log  
|                     | □ Airfare comparison for the travel dates showing the range of airfares available (Orbitz, Travelocity)  
|                     | □ Original lodging receipt  
|                     | □ Original receipts for any expense for which the candidate paid and is requesting reimbursement  
|                     | □ Copies of receipts for any expense the department paid directly  
|                     | □ Resident Alien: attach a copy of the candidate’s green card  
|                     | □ Nonresident Alien: attach a copy of the candidate’s visa  

| Payment | Accounts Payable will mail the reimbursement check to the candidate unless otherwise specified. |

**Section 1: Candidate completes this section.**

| Candidate Personal Information | • Name as it should appear on the check.  
|                               | • Current home mailing address. We will mail the check to this address.  
|                               | • Mark the citizenship status of the candidate and attach required documentation (see above). |

| Expense Summary | Exclude expenses Boise State paid directly to a vendor.  
|                 | • **Meals:** no receipts required. Maximum per diem is $45. Candidate will receive reimbursement only for those meals for which he/she personally paid. Meal allowances are listed on the form.  
|                 | • **Airline receipt** must show: 1) amount paid; 2) method of payment (e.g., credit card); 3) zero balance. If the receipt does not show proof of payment, Boise State will require a copy of the candidate’s credit card statement showing payment to vendor.  
|                 | • **Lodging:** original itemized receipt must show: 1) amount paid; 2) method of payment (e.g., credit card); 3) zero balance  
|                 | • **Other Costs:** Itemize other travel costs such as airport parking or taxis and attach original receipts.  
|                 | • **Total of expense reimbursement** the candidate is requesting. |

**Signature of Interviewee**

Signature of the candidate certifies:  
• The address, citizenship information, and taxpayer number are correct and in compliance with IRS regulations.  
• The candidate is requesting reimbursement only for those expenses personally paid (that Boise State did not pay for directly).  

**Section 2: Department completes this section.**

| Department Information | • **Org/Dept ID** from which the candidate’s expenses will be paid.  
|                       | • **PCN** (Position Control Number) of the position for which the candidate is being considered (if you don’t know the PCN, contact Human Resources at 426-1616).  
|                       | • **Date(s) of Interview:** provide the dates and attach a copy of the interview itinerary.  
|                       | • **Expenses Boise State paid for directly:** List expenses; include method of payment and amount.  

**Authorized Signature**

Certifies that the information is complete and accurate and all expenses for which the candidate is asking reimbursement were paid by the candidate and not the department.

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