



# INTERVIEWEE EXPENSE SUMMARY

## Section I : To be completed by Interviewee

Name \_\_\_\_\_  
 Home mailing address \_\_\_\_\_

### Expense Summary (Exclude any expenses paid directly by ASU.):

Cost of transportation (Attach the passenger copy of airline ticket or travel agency invoice.) \$ \_\_\_\_\_  
 Cost of lodging (Attach the itemized receipt(s)) \$ \_\_\_\_\_  
 Meals (Itemized receipts are required if the total expenses exceed \$46 per day.) \$ \_\_\_\_\_

Date	Breakfast	Lunch	Dinner	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The total meal and lodging expenses should not exceed allowed rates for Maricopa County. Charges in excess of those allowed under ASU travel policies will require a written justification and may, at the discretion of Financial Services, require dean, provost, vice provost or vice president approval. (See the Financial Services Travel [page](#) for the current lodging rates.)

Other costs (Specify, such as an airport limo; attach the receipts if expenses exceed \$25.) \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Total expense reimbursement \$ \_\_\_\_\_

I certify that the above summary is complete and accurate and that these expenses were paid personally by me and not directly to a supplier by ASU.

\_\_\_\_\_  
 Signature of Interviewee Date

## Section II: To be completed by Department

\_\_\_\_\_  
 Position Title and Department for which interviewee is being considered

\_\_\_\_\_  
 Cost Center + Program, Gift, Grant or Project Worktag Position Number Date(s) of Interview

If any interviewee expenses were paid directly by ASU, such as hotel, airfare and/or travel agency, indicate which expenses that were paid directly and the method of payment.

I certify that the individual listed above was an interviewee at ASU and that none of the expenses listed in the expense summary section were paid directly to a supplier by ASU.

\_\_\_\_\_  
 Signature and Title of Cost Center Manager Date