

INTERVIEW EXPENSE REPORT

CAROLINA CONFERENCE OF SDA

P. O. Box 560339
Charlotte, NC 28256-0339
704-596-3200 Phone ■ Fax 704-887-5750

Please Attach Original Receipts for Items with an Asterisk (*)

Name: _____ Today's Date: _____
(Please Print)

Address: _____ Telephone: _____

Trip from: _____ To: _____ Date: _____

Interview for Position of: _____ Interviewed By: _____

<input type="checkbox"/> Position Accepted	<input type="checkbox"/> Position Not Accepted
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Meals/Per Diem

_____ Days @ \$____/Day - Single	
_____ Days @ \$____/Day - Family	
_____ Days @ \$____/Day - Single - 1 Meal	
_____ Days @ \$____/Day - Family - 1 Meal	\$ _____

Travel

_____ Miles @ \$.__ Mile	_____
* Tolls	_____
* Parking	_____
* Auto Rental	_____
* Auto Rental Gas	_____
* Air Ticket	_____

Lodging

* For Hotels/Motels	_____
Lodging with Family/Friends	
_____ Nights @ \$20.00/Night	_____
Supply Name: _____	

TOTAL \$ _____

Interviewee's Signature _____

Please Note: All interview expenses are treated as non-taxable reimbursement.

***** For Office Use Only *****	
Approval: _____	Date: _____