

Wichita State University
Official Hospitality
Candidate Expense *Authorization* Form

Submit completed form to the Office of Academic Affairs, Campus Box 13, for approval in advance of the visit.

Date of Request:

Position No.:

Position Title:

Department:

College:

Dates of Visit: from:

to:

Department Contact:

Box#:

Extension#:

Candidate Information

Name:

Street Address:

City, State, Zip:

Estimated Candidate Expense

Airfare \$ _____

Round Trip Mileage x .54.5 \$ _____

Lodging Paid by Candidate Direct bill to WSU \$ _____

Meals (paid by candidate) \$ _____

Miscellaneous (taxi, parking, rental car, gas, etc.) \$ _____

Total Estimated Expenses for candidate \$ _____

Signatures

Budget Officer Date

Budget Review Officer Date

Provost Date