

APPLICANT TRAVEL REQUEST

Lock Haven University

See Policy Statement 340.03 for Regulations on Applicant Travel Expenses.

Name:	SAP #:
Home Address:	Home Telephone #:
	Charge to Fund Center or WBS: _____
Department:	G/L Account: 615100
Approximate Date of Interview:	Position:

ESTIMATED COSTS TO BE INCURRED BY THE UNIVERSITY

ITEM		COST	PURCHASING OFFICE USE ONLY		
			Doc #	Date	Amount
TRANSPORTATION					
Airfare		\$			
Personal Car (miles)		\$			
Other		\$			
On-Campus Housing Available? Y N		\$			
LODGING					
MEALS		\$			
MISCELLANEOUS (explain)		\$			
TOTAL ESTIMATED COSTS		\$			
PAYMENT LIMITED TO		\$			

APPROVALS

Responsible Person	Date
Vice President/Dean	Date