

**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	\$			
LODGING	\$			
MEALS	\$			
MISCELLANEOUS (explain)	\$			
TOTAL ESTIMATED COSTS	\$			
PAYMENT LIMITED TO	\$			

**APPROVALS**

Responsible Person	Date
Vice President/Dean	Date