

# UNIVERSITY OF BALTIMORE

## JOB CANDIDATE TRAVEL EXPENSE REIMBURSEMENT REQUEST

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
(Job Candidate)

Address to Remit Check: \_\_\_\_\_

Position Title Interviewed/Hired for: \_\_\_\_\_

Position in the Department of: \_\_\_\_\_

Name of the Interviewer: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

Approximate expenses (\$): \_\_\_\_\_ Charge to Account: \_\_\_\_\_

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name and Extension)

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**I hereby authorize reimbursement of these expenses and certify funding availability:**

\_\_\_\_\_  
(Department Head or Authorized Signature Required) Date: \_\_\_\_\_

**I hereby confirm this is a valid candidate for the position named above:**

\_\_\_\_\_  
(Human Resources Signature) Date: \_\_\_\_\_