

Candidate Reimbursement for Interview

MT. SAN ANTONIO COLLEGE
Human Resources Division
1100 N. Grand Avenue
Walnut, CA 91789
(909) 274-4225

First Interview Second Interview Tele-Conference Interview

Name: _____ Date of Interview(s): _____

Position for which interviewed: _____

Address where reimbursement is to be sent: _____

Street Address

Apt. or Unit Number

City

State

Zip Code

()

Telephone

The College is authorized to reimburse employment candidates who have traveled 150 miles or more one way from their residence to the College for reasonably incurred travel expenses related to participating in an interview for full-time faculty, management, or classified positions. Copies of itemized receipts for expenses must be submitted for the candidate to be reimbursed.

Candidates requesting reimbursement must submit a Candidate Reimbursement for Interview form and required travel expense documentation to the Human Resources Division within 30 days of completing interview-related travel to be reimbursed. Exceptions will be determined by the Vice President, Human Resources, or designee. Please refer to the College's Administrative Procedure 7127 for more information regarding reimbursements.

The following expenses were incurred as a result of traveling to **Mt. San Antonio College**:

	Requested Amount	Approved Amount*
Mileage (total number of miles traveled by personal vehicle)	\$	
Air travel	\$	
Other Carrier (i.e., rideshare, rented car, train, or bus)	\$	
Meals	\$	
Lodging	\$	
Miscellaneous expenses (i.e., parking fee or toll fee) – please itemize:	\$	
Grand Total	\$	

*Should the Approved Amount(s) differ from Requested Amount(s), please see page 2 for clarification.

Signature of Candidate: _____ Date: _____

Management Approval: _____ Date: _____

- Manager, Recruitment and Employment Services
- Associate Vice President, Human Resources
- Vice President, Human Resources

College Requisition #: _____

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Clarification for Approved Amount(s)

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Approved Amount (HR USE ONLY)	Clarification:
\$	
\$	
\$	
\$	
\$	
\$	

First Level Review: _____ Date: _____

Print Name