

**CANDIDATE EXPENSE FORM
UNIVERSITY OF NORTHERN BRITISH COLUMBIA**

Name Of Claimant: _____

Mailing Address: _____

Interviewed For Which Position: _____

Name Of Person Who Arranged Your Interview: _____

DATE	DESCRIPTION	KILOMETER CLAIM \$0.38/km		AIRFARE COST	MEALS (Meals paid by per diem only)				ROOM COSTS	MISCELLANEOUS COSTS (Receipts Required)	
		KM	COST		B	L	D	DAILY TOTAL		COST	DESCRIBE

Claimant's Signature: _____ Date: _____

Authorized by: Vice-President (Academic) or Director of Human Resources

Fund: _____ Org: _____ Account: _____ Program: _____ Approved: _____

See Back for Details

Revised: April 1, 2006, Candidate Expense Claim Form

