



INVOICE FOR PAYMENT
INTERVIEW TRAVEL REIMBURSEMENT FOR ADMINISTRATOR/FACULTY

PO Number _____
HRO Use Only

Interview Date _____ Position _____
Last Name _____ First Name _____ Middle Initial _____
Address _____
City _____ State _____ Zip+4 _____
Home Phone _____ E-mail _____

All receipts for travel must be attached for reimbursement.

Travel Expenses	Costs
Flight Information: Airline Name:	
Hotel Information: Hotel Name:	
Mileage [if driving, allowance: \$0.580/mile (2019 rate)]	
Round Trip (miles): _____ miles x _____ (rate)	
Car Rental: Rental Company Name:	
Parking & Tolls:	
Total Cost	

Below are links to a W-9 we will need to set-up a vendor number on your behalf in SWIFT. If you prefer to self-register on-line, instructions are outlined in the below Vendor Registration link. We will not need the W-9 if you self-register.

[2019 W-9 Form Link](#)

[Vendor Registration Instructions](#)

Comments:

Requestor's Signature _____ Date _____
VP/Dean's Signature _____ Date _____
CHRO's Signature _____ Date _____

For Purchasing and Contracts Office Use Only
Invoice Payment Date _____ Transaction (Serial) Nor _____
SWIFT Vendor Number _____