

Illinois State University
Recruitment Fund Encumbrance Request
 (Refer to Recruitment Fund Policies and Procedures for specific directions)

Department _____ Position Number _____
 Contact (for questions) _____ Mail Code _____ Phone _____

Candidate Interview (one name per form)

Candidate's Name _____ Dates of Interview _____

Estimated expenses:

Travel <input type="checkbox"/> Air (limited to lowest rate available) <input type="checkbox"/> Mileage (limited to state rate for mileage) <input type="checkbox"/> Rental Car	\$
Lodging (please ask for state rate)	\$
Meals (limited to \$135 for candidate plus all faculty involved in candidate visit)	\$
Estimated costs/total request	\$

A copy of the approved Affirmative Action Search Form (PERS 931) must accompany this form.

Faculty Travel to Recruit/Screen

Faculty Member _____

Conference/destination _____ Travel Dates _____

Estimated expense/total request: \$ _____ Date submitted _____

Signatures

Unit Administrator _____ Date _____

Dean/Staff Administrator _____ Date _____

Send completed form to Carol Pfoff, Campus Box 4000, 413 Hovey Hall.
 Copies of the approved form will be returned to the Department and College Offices.

For Provost Office use only:

Amount Approved \$ _____ Encumbrance Number _____

_____ Date _____

Fiscal Agent