



**REIMBURSEMENT VOUCHER
CANDIDATES FOR EMPLOYMENT**

PAYEE (Name): _____ SOCIAL SECURITY NUMBER (Required): _____

ADDRESS: _____ CITY _____ STATE ____ ZIP CODE _____

POSITION INTERVIEWED: _____

DEPARTMENT: _____ DATE OF INTERVIEW: _____

ARRIVAL TIME AT YSU: _____ DEPARTURE TIME FROM YSU: _____

TRANSPORTATION/TRAVEL EXPENSE

AIRFARE EXPENSE: _____ (receipt required) OR TOTAL PRIVATE AUTO MILEAGE: _____

(If the total private auto mileage expense is greater than the cost of airfare, the department may advise the candidate that the lesser of the two may be paid) PAYMENT REQUESTED: _____

Request must be accompanied by [Google Maps driving directions](#) detailing total mileage traveled. Mileage will be reimbursed at 85% of the current federal rate (2025 rate \$0.595). If commencing travel from your home, the reimbursement shall be the lessor of the distance from your home or workplace to your destination.

LODGING EXPENSE:

Reasonable and actual, single occupancy rate plus tax (Receipt required) PAYMENT REQUESTED: _____

MEAL EXPENSE: (Itemized receipt for meals required)

MEALS (List): _____

Expenditure Limits: Breakfast - \$16 per person Lunch - \$19 per person Dinner - \$28 per person
No alcohol will be reimbursed.

AMOUNT REQUESTED FOR MEALS: _____ PAYMENT REQUESTED: _____

OTHER EXPENSES: (Car Rental, Parking, Tolls, etc.)

Other Expenses: _____ PAYMENT REQUESTED: _____

Special Note: DO NOT charge any items to Youngstown State University. Expenses shall be reimbursed in accordance with the Office of Human Resources Administrative Policy for Candidate Reimbursement.

TOTAL AMOUNT OF PAYMENT REQUESTED: _____

I certify that I have incurred the above expenses as a candidate for employment and request reimbursement in accordance with the Travel Guidelines policy. _____

Signature

Date

APPROVALS:

PAYMENT APPROVED IN THE AMOUNT OF: _____

DEPARTMENT HEAD SIGNATURE: _____ DATE: _____

ACCOUNT TO BE CHARGED: _____ - _____ - 701325 - ____

SIGNATURE AUTHORITY: _____ DATE: _____

TO BE COMPLETED BY HUMAN RESOURCES: CN: _____ Payee Banner ID: _____

HR REVIEW _____ DATE: _____ Approved Reimbursement Amount _____