

**REQUEST FOR AUTHORIZATION TO REIMBURSE  
APPLICANT FOR INTERVIEW EXPENSES**  
*(Unclassified Personnel)*

**University of Wisconsin-Stout  
Menomonie, WI**

**Name of Applicant:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_

**Exact Title of Open Position:** \_\_\_\_\_

**Department or College:** \_\_\_\_\_

**Basis for determining that reimbursement for interview expenses is a necessary part of effective recruitment process:**

**Conditions of Reimbursement:**

**Amount to be Reimbursed (*est.*):** \_\_\_\_\_ **Account #:** \_\_\_\_\_

**Account Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Account Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_