

Required fields are outlined in red.

GEORGIA SOUTHERN UNIVERSITY COOPERATIVE ORGANIZATIONS

Reimbursement Request for University Related Search Committee Meals

Requested By (name/phone/PO box): _____

Department: _____

Position Name: _____ Position # _____

Paying Foundation: _____

Account Name: _____ Account # _____

Amount to be Reimbursed: _____

Date(s): _____

Listing of Attendees:

Names or Defined Group Guest List:

Relationship to University:

Hiring Manager : _____

Please attach copy of interview schedule and copies of detailed, itemized receipts for meals.

This form should be attached to the Check Request form.