

**ST. OLAF COLLEGE**  
**STATEMENT OF INTERVIEW EXPENSES**

DATE OF INTERVIEW: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

NATURE OF EXPENSES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DETAILED STATEMENT OF EXPENSES**

[Original receipts are required for all non-mileage expenses. For mileage, list total for round-trip; mileage rate is \$0.445 per mile.]

TOTAL AMOUNT OF EXPENSES: \$ \_\_\_\_\_

\_\_\_\_\_  
Your Signature