

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; no receipts are necessary for mileage. For mileage, list total for round-trip. Mileage rate is \$0.55 per mile; round-trip to Minneapolis/St. Paul airport is \$42.00.]

TOTAL AMOUNT OF EXPENSES: \$_____

Your Signature