

**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 \$0.51 per mile; round-trip to Minneapolis/St. Paul airport is \$39.]

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

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