



Candidate Recruitment Travel Reimbursement

The Candidate Recruitment Travel Reimbursement form is to be used only for reimbursement of travel expenses related to a candidate recruitment visit to NMSU. Expenses may not be greater than the travel allowance of NMSU employees. All expenses must be reasonable and a bona fide business expense related to the recruitment. NMSU will not issue reimbursement for any candidate expenses when the candidate is disqualified from consideration due to improper credentials, background check information or other misrepresentation. All requests must have legible receipts and must be submitted with 60 days of the date of the recruitment visit.

- 1. Routing:** NMSU department submitting the form select either the Yes or No box in the upper right corner to determine routing for the form.
- 2. Section 1:** Recruitment Candidate enter information. Proper spelling of name and address is very important and cannot be changed once reimbursement is processed.
- 3. Section 2:** Enter expenses in appropriate areas. All expenses must be supported by legible receipts/documentation to justify the costs. Expenses may not be greater than travel allowances of NMSU employees. Recruiting departments can advise candidates of allowable costs.
- 4. Section 3:** Candidate certification
- 5. Section 4:** Completed by NMSU recruiting department. Recruitment itinerary must be attached to request.
- 6. Section 5:** Completed by NMSU recruiting department.
- 7. Section 6:** Completed by fiscal monitor for NMSU recruiting department
- 8. Section 7:** Completed by NMSU Account Payable department
- 9.** Scan and send form to AFR at afr_approval@nmsu.edu or SPA at spa@nmsu.edu.



Candidate Recruitment Travel Reimbursement

NMSU agrees to reimburse candidates for reasonable expenses incurred with traveling for recruitment. Expenses may not be greater than the travel allowance of NMSU employees. All expenses must be reasonable and a bona fide business expense. NMSU will not issue reimbursement for any candidate expenses when the candidate is disqualified from consideration due to improper credentials, background check information or other misrepresentation. All requests must have legible receipts and must be submitted with 60 days of the date of the recruitment visit. NMSU reserves the right to arrange all travel plans and be directly billed by the vendor of these services, when possible. Visit <http://travel.nmsu.edu> for allowable expenses and rates.

SECTION 1: CANDIDATE INFORMATION

(please print - name/address information will be used for reimbursement and cannot be modified once reimbursement is issued)

Last Name: _____ First Name: _____

Reimbursement Mailing Address

Street Address: _____

City: _____ State: _____ Zip Code: _____

SECTION 2: EXPENSE SUMMARY

Expense Details - legible receipts and documentation required	Expense amount paid by NMSU	Expense amount paid by Candidate
Airfare: Origination Date _____ Origination Location _____ Return Date _____		
Mileage: Beginning _____ Ending _____ Miles traveled _____ x rate= _____		
Auto Rental: (up to mid-size allowed)		
Lodging:		
Meals: (Actual only and receipts required)		
Other (Taxi, Parking, etc.)		
TOTAL EXPENSES		

Notes/Comments: _____

SECTION 3: CANDIDATE CERTIFICATION

I hereby certify that the above travel has been completed for recruitment purposes, expenses incurred were necessary and proper, all attached receipts have been paid in full, the above itemized account is just and true in all respects, and expenses listed in the "paid by Candidate" column were paid personally by me and not directly to a vendor by NMSU, nor has any part been paid, or will be paid, by another party.

Signature: _____ Date: _____

SECTION 4: NMSU DEPARTMENT CERTIFICATION AND ACCOUNTING

Department: _____

Dates(s) of Interview: _____

* Attach recruitment itinerary

Position/Purpose: _____

Index (FOPAL)	Fund	Account	Amount	D/C

Prepared by: _____ Phone: _____ Campus MSC: _____

SECTION 5: NMSU APPROVAL

Printed Name: _____ Signature: _____ Date: _____

Principal Investigator Dean/VP/CC President Designee

SECTION 6: ACCOUNTING APPROVAL

Fiscal Monitor Printed Name: _____ Signature: _____ Date: _____

SECTION 7: ACCOUNTS PAYABLE/TRAVEL DEPARTMENT USE ONLY

Processed By: _____ Date: _____