

# Salisbury University Candidate Interview Form

This form should be completed by the Search Committee Chair and submitted with the State of Maryland Expense Account Form for each faculty or staff member seeking reimbursement.

If the candidate has travel expenses, the candidate needs to complete a separate Expense Account Form. Please ensure that the candidate has provided his address and Social Security Number on that form. The SSN should be documented in the Employee/Student ID field of the form. **The SSN is required for the State of Maryland to pay any individual.**

I. **Name of Candidate:** \_\_\_\_\_  
**Interview Date(s): Arrival** \_\_\_\_\_ **Departure** \_\_\_\_\_  
**Position Title:** \_\_\_\_\_ **School (if applicable)** \_\_\_\_\_

II. **Search Committee Chair Name:** \_\_\_\_\_  
**Search Committee Members:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. **Estimated Search Costs**

Department Code to be Charged: \_\_\_\_\_

Does the Search Committee have approval from the Dean, the appropriate Vice President or other authority to dine off-campus? Yes \_\_\_\_\_ No \_\_\_\_\_

If approved, please indicate the total number of people approved for off-campus dining and the amount in the detail section below (please note approval amounts may not exceed the approved per person per diem State of MD/USM rates). **Document only the estimated costs please.**

Breakfast-	# _____	\$ _____	Hotel	\$ _____
Lunch -	# _____	\$ _____	Air	\$ _____
Dinner	# _____	\$ _____	Misc.	\$ _____

Total Estimated Amount Approved \$ \_\_\_\_\_

Please briefly justify why it is necessary to dine off-campus.

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**IV. Off-Campus Meal Expenses:**

Please indicate the **actual** date of and **actual** committee member(s) attending each meal eaten off-campus for breakfast, lunch and/or dinner:

Meal \_\_\_\_\_ Date \_\_\_\_\_ Names of participants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Meal \_\_\_\_\_ Date \_\_\_\_\_ Names of participants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Meal \_\_\_\_\_ Date \_\_\_\_\_ Names of participants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Meal \_\_\_\_\_ Date \_\_\_\_\_ Names of participants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This form must be completed and attached to any Expense Account Form for faculty/staff reimbursement and forwarded to the appropriate Dean, Vice President or other designated authority for final approval before being submitted to the Accounts Payable Office.

Additional comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Search Committee Chair/Date  
Administrator/Date  
7/00

\_\_\_\_\_  
Dean/Vice President/Budget