

COLLEGE OF CHARLESTON

School of Humanities & Social Sciences

2 Greenway, Charleston, SC 29424 * (843) 953-0760 * (843) 953-0758 fax

Faculty & Candidate Meal Reimbursement Form

Candidate Name: _____

Date of Request: _____ Department: _____

SS# _____

Position to be Filled: _____

Name of Faculty	Date/Time	Amount Spent	Name of Faculty	Date/Time	Amount Spent
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____

Total Amount: \$ _____

Department Chair

Date

Dean

Date

*Please attach **original** receipts for candidate and faculty expenses. Include all faculty/candidate expenses on this one form. Do not use a different form for each faculty member. If all information is not correct there will be a delay in processing. Make copies of receipts and this form for your records. Deliver completed forms to School of Humanities & Social Sciences office.*

(Because we are tracking all costs, please attach all receipts, even if the total exceeds the \$200 limit.)

Office Use Only

Total Amount Spent \$ _____

Total Amount Approved \$ _____

Comments: