Meeting/Conference/ Job Candidate Expense Approval Form

Reimburse To: ____________________________ UM Id # ______________________

____________________________________

Phone # ______________________

☐ Meeting/Conference Purpose: ____________________________

____________________________________

☐ Job Candidate Candidate Name: ____________________________

Amount: ________ Index: ________ Account: ________ Activity: ________

☐ Advance (Please bring to AP to receive advance)

Purchasing Authority signature: ____________________________ Date ________

Printed Name/Title: ______________________________________

** If you are using a grant index the list of attendees and affiliation must be completed

<table>
<thead>
<tr>
<th>List of Attendees</th>
<th>Affiliation</th>
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