

**DELAWARE STATE UNIVERSITY  
NON-EMPLOYEE REQUEST FORM**

**NAME:** \_\_\_\_\_ **DATE OF REQUEST:** \_\_\_\_\_

**ADDRESS:**  
\_\_\_\_\_  
\_\_\_\_\_

**SOCIAL SECURITY NO:** \_\_\_\_\_ **DEPT. TO BE CHARGED:** \_\_\_\_\_

**DATE OF ARRIVAL:** \_\_\_\_\_ **DATE OF DEPARTURE:** \_\_\_\_\_

**PURPOSE OF TRIP:**  
\_\_\_\_\_

**MODES OF TRAVEL:** \_\_\_\_\_ **ESTIMATED COSTS:** \_\_\_\_\_

Personal Vehicle ( ) .....	_____
Mileage Estimate _____ miles @ \$ .55/.....	_____
Plane Fare.....	_____
Train Fare .....	_____
Bus Fare .....	_____
Miscellaneous (toll, tips, taxi, limo service) .....	_____

**LODGING:**  
Number of nights: \_\_\_\_\_ @ \_\_\_\_\_ (Including Taxes)  
Number of Occupants per Room \_\_\_\_\_  
Name of Hotel: \_\_\_\_\_

**MEALS:**  
Estimate Actual Meal Cost Per Day .....  
(Receipts are Required) \_\_\_\_\_

**TOTAL EXPENSES ESTIMATED FOR ENTIRE TRIP ...** \_\_\_\_\_

**I understand that a Purchase Requisition signed by the Department Head and appropriate Dean, along with receipts, must be executed upon the departure of the interviewee certifying all expenses.**

**APPROVED BY:** \_\_\_\_\_ **DEPARTMENT HEAD**  
\_\_\_\_\_ **DEAN**  
\_\_\_\_\_ **PROVOST AND VICE PRESIDENT**

**NOTE: THIS FORM MUST BE APPROVED BY THE PROVOST PRIOR TO SCHEDULING AN INTERVIEW.**