RESOLUTION

concerning

REIMBURSEMENT OF CANDIDATE TRAVEL EXPENSES

September 8, 1989

WHEREAS, The Department of Administrative Services has indicated it might be more appropriate for Connecticut State University to create and implement its own candidate travel expense reimbursement policy; and

WHEREAS, Board assumption of this responsibility will be in the interest of clear lines of authority and control; now, therefore, be it

RESOLVED, That authority is delegated to the CSU President and campus Presidents to approve or disapprove reimbursement of authorized candidate travel expenses within the guidelines and procedures attached to this resolution as an addendum.

A Certified True Copy:

[Signature]
L.J. Davidson
Chairperson
REIMBURSEMENT OF CANDIDATE TRAVEL

GUIDELINES AND PROCEDURES

September 8, 1989

1. All offers to candidates to pay full or partial travel expenses shall be approved by the CSU President for the Executive Office and Presidents for their campus.

2. The attached CSU-3 form must be filled out and submitted to the President for approval of reimbursement.

3. From one to three candidates for any unclassified position may be offered full or partial travel expense reimbursement within available funds, provided no reimbursement may be offered to any in-state candidate.

4. Candidates for reimbursement shall be advised of the nature of the records they should keep, documentation they should submit, and date after which no reimbursement request will be processed.

5. Upon receipt of expense documentation, a form CO-17XP should be completed and submitted for payment to the Comptroller.
CONNECTICUT STATE UNIVERSITY
REIMBURSEMENT FORM FOR CANDIDATE TRAVEL EXPENSES

Candidate Name: ________________________________
Address: _____________________________________

Phone number: __________________________________
Social Security No.: ______________________________

Title of Vacancy: _________________________________
Bargaining Unit: __________________________________

Justification for Anticipated Expense:

Reimbursement may not exceed: $_____________________

Types of expenses which may be reimbursed:

Prepared by ____________________________ Date ____________

Vice President for Academic Affairs (as appropriate) Date ____________

Vice President for Administrative Affairs (as appropriate) Date ____________

President ____________________________ Date ____________