CALIFORNIA STATE UNIVERSITY, FULLERTON Date: DP #: Candidate Name: INVOICE (Attach to AP Check Request) Invoice - Interview Committee Meal(s) with On-Campus Candidate

Instructions:

yee Name:			CWID Nu	CWID Number:		
dress:						
h my signature below, I attest that the C ohol beverages purchased.	andidate (above) is not reque	sting reimburseme	nt for these meals	. In addition, there is no reimburse	ement for	
yee Signature:		Date:				
Date:	Breakfast	Lunch	Dinner	Amount \$		
Attendees:						
					-	
Date:	Breakfast	Lunch	Dinner	Amount \$	1	
Attendees:					_	
Date:	Breakfast	Lunch	Dinner	Amount \$	4.5	
Attendees:						
				Total \$		
partment Chartfield to be Charged:						
ccount (6) Fund (5)	Department (5)	Program (4)	Class (5)	Project (8)		