

Statement of Interview Expenses

Ministry _____ Division or Branch _____ Payee Name _____ Mailing Address: If Employee, Check One: <input type="checkbox"/> Office <input type="checkbox"/> Home MIDAS Employee # _____ If NOT an Employee, Complete Payee Address: _____ Payee Postal Code _____ Payee Site _____	Goods and Services Received _____ Date (dd/mth/yy) _____ Invoice Received Date (dd/mth/yy) _____ Public Accounts Payee Name _____ MIDAS Supplier # _____
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Actual and Reasonable Expenses (attach receipts)	Amount
Travel _____	\$ _____
Meals _____	_____
Hotel _____	_____
Other _____	_____
Total Claim	\$ _____

Position Title _____ Competition Number _____ Date of Interview (dd/mth/yy) _____ <input type="checkbox"/> Saskatchewan Applicant <input type="checkbox"/> Out of Province - PSC Panel <input type="checkbox"/> Out of Province - Not PSC Panel Interviewed by _____	_____ Signature of Applicant (or attach written request for reimbursement) _____ Permanent Head or Delegate
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Description: first 35 characters will be displayed on the cheque or advice stub.

For Accounting Use Only						
Entity (3)	Program (5)	Organization (6)	Natural Account (6)	Location (4)	Project (6)	Amount