

# BEMIDJI STATE UNIVERSITY OFFICIAL VISIT RECRUITING RECORD

PROSPECT'S NAME: \_\_\_\_\_

METHOD OF TRAVEL (check one):

AIR Flight Arrival \_\_\_\_\_ Flight Departure \_\_\_\_\_ Cost \_\_\_\_\_

AUTO Mileage Reimbursement \_\_\_\_\_ miles (x) \_\_\_\_\_ per mile = \_\_\_\_\_

**\*If requesting mileage, submit to the Business Office 5 days in advance of visit.**

LODGING: Name of Hotel \_\_\_\_\_

Number of Rooms \_\_\_\_\_ Number of Nights \_\_\_\_\_ Total Cost \_\_\_\_\_

Student Host if used \_\_\_\_\_ Entertainment Money \_\_\_\_\_

LIST ALL INDIVIDUALS ACCOMPANYING PSA (i.e. parents, siblings, friends.):

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ LODGING: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ LODGING: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ LODGING: \_\_\_\_\_

LIST ANY COMPLIMENTARY ADMISSIONS:

DATE: \_\_\_\_\_ EVENT: \_\_\_\_\_ WHO ATTENDED: \_\_\_\_\_

DATE: \_\_\_\_\_ EVENT: \_\_\_\_\_ WHO ATTENDED: \_\_\_\_\_

LIST ANY MEALS PROVIDED (please attach a copy of any receipts):

DATE: \_\_\_\_\_ PLACE: \_\_\_\_\_ WHO ATTENDED: \_\_\_\_\_ COST: \_\_\_\_\_

DATE: \_\_\_\_\_ PLACE: \_\_\_\_\_ WHO ATTENDED: \_\_\_\_\_ COST: \_\_\_\_\_

DATE: \_\_\_\_\_ PLACE: \_\_\_\_\_ WHO ATTENDED: \_\_\_\_\_ COST: \_\_\_\_\_

DATE: \_\_\_\_\_ PLACE: \_\_\_\_\_ WHO ATTENDED: \_\_\_\_\_ COST: \_\_\_\_\_

**\*This form should be submitted to the Compliance Director no later than 5 days after the official visit has occurred.**