

Hofstra Candidate Travel Inquiry Form

This form must be filled out with all required information and attached to the travel and advance form at least two weeks prior to the interview.

DEPARTMENT INFORMATION (Required)

Request Date: _____

Department: _____

Contact Name: _____

Contact Phone#: _____ Date(s) of interview : _____

Start time of interview: _____ End Time of Interview: _____ Date/Time need to be at Hotel: _____

Do you plan on having dinner with the candidate the night before the interview: YES/NO

Candidate information (required)

Name as it appears on your travel document (passport or license)

First Name: _____ Middle Name: _____

Last Name: _____

Cell Phone Number: _____ Gender _____

Email: _____

Select arrangements needed

Hotel reservation - Number of nights _____

Ground transportation

Airport – Hotel _____

Hotel – Airport _____

Taxi/Train/Driving _____

Candidate will submit receipts to department for taxi/train/tolls/mileage and get reimbursed after trip.

Air transportation _____

Departure City _____ Closest Airport _____

SPECIAL REQUEST: _____