



# TRAVEL EXPENSE REIMBURSEMENT FORM

**Students:** Please complete and return this form to your host employer with whom you interviewed — not to NALP. (Your host employer is the one through which you made your travel arrangements. You should generally bill as many of your expenses to the host firm as possible.)

It is the Firm's policy to reimburse reasonable travel-related expenses which you incur during your interviewing trip. If you have questions about what constitutes a reasonable expense, please call \_\_\_\_\_ for clarification before incurring the expense.

## SECTION 1: YOUR INFORMATION

Name: \_\_\_\_\_

Law School: \_\_\_\_\_ Class: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## SECTION 2A: HOST FIRM

	<u>Employer/City</u>	<u>Interview Date</u>	<u>Contact</u>	<u>Contact Email</u>
A	_____	_____	_____	_____

## SECTION 2B-F: EXPENSE SHARING

	<u>Employer/City</u>	<u>Interview Date</u>	<u>Contact</u>	<u>Contact Email</u>
B	_____	_____	_____	_____
C	_____	_____	_____	_____
D	_____	_____	_____	_____
E	_____	_____	_____	_____
F	_____	_____	_____	_____

## SECTION 3: EXPENSES

Please send only original receipts, even if the host firm was direct billed for the expense. If certain expenses apply to only one city, only bill those employers in that city. It may be easier to use a separate form for each city.

ATTACH ADDITIONAL SHEETS AS NECESSARY	PAID BY ME	DIRECT BILLED	EMPLOYERS TO CHARGE (List letters that correspond to employers above)
TRAVEL (AIR, BUS, RAIL)	\$ _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
HOTEL _____ Nights Stayed _____	\$ _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
GROUND TRANSPORTATION (airport shuttle, cab fare, subway, rental car)	\$ _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
AUTO MILEAGE _____ miles x \$0 _____/mile =	\$ _____		_____
PARKING FEES/TOLLS	\$ _____		_____
MEALS	\$ _____		_____
OTHER AUTHORIZED EXPENSES (e.g., Internet at hotel)	\$ _____		_____
<b>TOTAL</b>	\$ _____		

## SECTION 4: CERTIFICATION

I CERTIFY THAT ALL OF THE ABOVE EXPENSES WERE RELATED TO MY INTERVIEWING TRIP.

Please check one of the following options:

- No other private sector employers were visited on this trip.
- I have sent this form and receipts only to you because I understand you have agreed to bill other employers for their share of expenses.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this form to host firm contact \_\_\_\_\_ and keep a copy for your records.

If you are requesting hotel (or other) expense donation to a public interest program, please attach program description and payment procedures.