

# TRAVEL EXPENSE REIMBURSEMENT FORM

*Students: Please complete and return this form to your host employer with whom you interviewed — not to NALP.*

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.

Name \_\_\_\_\_ Law School/Class \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ Phone (cell) (\_\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ E-Mail or fax \_\_\_\_\_

**Names of all private sector employers visited on this trip and contact person at each (check contact who is receiving original receipts). Use the letters by employers' names to indicate below which employer is responsible for each charge:**

| <u>Employer/City</u> | <u>Date</u> | <u>Contact</u> (include phone #) |
|----------------------|-------------|----------------------------------|
| (A) (Host) _____     | _____       | _____                            |
| (B) _____            | _____       | _____                            |
| (C) _____            | _____       | _____                            |
| (D) _____            | _____       | _____                            |
| (E) _____            | _____       | _____                            |

**NOTE: Please attach original receipts or copies. If certain expenses apply to only one city, only those employers in that city should be billed for those expenses. It may be necessary to use a separate form for each city.**

|  | <u>Paid by applicant</u> | <u>Prepaid</u><br>(note by whom) | <u>Employers to be charged</u> |
|--|--------------------------|----------------------------------|--------------------------------|
| Round-trip air (coach), bus, or rail fare:                             | \$ _____                 | \$ _____                         | _____                          |
| Auto Mileage ( _____ miles x \$ _____ /mile):                          | \$ _____                 | \$ _____                         | _____                          |
| Ground Transportation (airport shuttle, cab fare, subway, rental car): | \$ _____                 | \$ _____                         | _____                          |
| Parking fees and tolls at _____:                                       | \$ _____                 | \$ _____                         | _____                          |
| Hotel* _____ Nights stayed _____:                                      | \$ _____                 | \$ _____                         | _____                          |
| Meals:   | \$ _____                 | \$ _____                         | _____                          |
| Other authorized expenses (attach additional sheets if necessary):     | \$ _____                 | \$ _____                         | _____                          |
| <b>TOTAL:</b>  | \$ _____                 | \$ _____                         | _____                          |

**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 that you have agreed to bill other employers for their share of expenses.

Your share of expense is \$ \_\_\_\_\_ payable directly to \_\_\_\_\_  
 at (address if different from above) \_\_\_\_\_

All of the above expenses are related to my interviewing trip.

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

Please return this form to host firm: \_\_\_\_\_ Please keep a copy for your records.

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