

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> (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): | \$ _____ | \$ _____ | _____ |
| TOTAL: | \$ _____ | \$ _____ | _____ |

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.