

Travel Expense Reimbursement Form

Students: *Please complete and return this form to the Host Firm with whom you interviewed — not to NALP.* Your Host Firm is the one through which you made your travel arrangements. You should generally bill all your approved expenses to the Host Firm. Please review the reimbursement policy for the firm(s) to ensure compliance.

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

Section 1: Your Information

Name: _____
 Law School: _____ Class Year: _____
 Address: _____ City: _____ State/Zip: _____
 Phone: (_____) _____ E-mail: _____

Section 2a: Host Firm

| | Employer/City | Interview Date | Contact | Contact Email |
|---|---------------|----------------|---------|---------------|
| A | _____ | _____ | _____ | _____ |

Section 2b: Expense Sharing Firm (other employers visited on this trip)

| | Employer/City | Interview Date | Contact | Contact Email |
|---|---------------|----------------|---------|---------------|
| 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. Please use a separate form for each city.

| <i>Attach Additional Sheets as Necessary</i> | Paid by Me | Direct Billed | Employers to Charge <small>(List letters that correspond to employers above)</small> |
|---|------------|--|---|
| 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, ride share, cab fare, subway, rental car) | \$ _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Auto Mileage _____ miles x \$ _____ / mile | \$ _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Parking Fees/Tolls | \$ _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Meals | \$ _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Other Authorized Expenses (e.g. internet at hotel) | \$ _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Total | \$ _____ | | |

Section 4: Certification

Please check one of the following options:

- No other private sector employers were visited on this trip.
- I interviewed with more than one employer during this trip. I have sent this form and receipts to you alone because I understand you have agreed to bill other employer(s) for their share of expenses.

I certify that all the above expenses were related to my interview trip.

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.