

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 of 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 about 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 you alone because I understand you have agreed to bill other employer(s) for their share of expenses.

I certify that all of the above expenses were related to my interviewing 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.