



# Instruction Sheet for Travel Expense Reimbursement Form

Please complete and return this form to your Host Law Firm — not to NALP. Keep a copy for your records.

## Section 1: Your Information

Insert your name, law school, class year, street address, city, state, zip code, phone number, and most frequently-used email address.

## Section 2a: Host Firm

- The Host Firm is the private sector employer who made all of your travel arrangements, such as transportation, hotel accommodations, and meals.
- Be sure to inform the Host Firm recruiting contact of all of the private sector employers you will be interviewing with during that one trip.
- Insert the Host Firm's name and city, your callback interview date, and the recruiting contact's name and email address.

## Section 2b: Expense Sharing Firm(s)

- If you are only visiting one private sector employer during an interviewing trip, leave this section blank.
- If interviewing with multiple private sector employers during one trip to a city, information for the other private sector employers that you visited (other than the Host Firm) should be inserted here.
- Insert the name and city of each private sector employer, your callback interview date, and the recruiting contact's name and email address.

## Section 3: Expenses

- Be sure to review each private sector employer's travel reimbursement policy before completing this section.
- Make sure to receive pre-approval for expenses under "Other Authorized Expenses."
- Call your recruiting contact if you have questions regarding a particular expense.
- Send only clear, legible, and itemized 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.
- For the Mileage Rate, please visit <https://www.irs.gov/tax-professionals/standard-mileage-rates>.
- In the "Paid By Me" column, insert the dollar amount of all of your out-of-pocket expenses as they relate to each category.
- In the "Direct Billed" column, check the boxes for expenses for which the private sector employer paid.
- In the "Employers to Charge" column, insert the letter(s) that correspond to the private sector employer(s) in Section 2b for each applicable charge.

## Section 4: Certification

- If you only visited one law firm during this interviewing trip, then check the "No other private sector employers were visited on this trip" box.
- If you visited multiple private sector employers during this interviewing trip, then check the other box.
- Sign and date the form.
- Insert the Host Firm recruiting contact's name on the last line.

# nalp 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 make sure you are being compliant.

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 call 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

| 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.

| Attach Additional Sheets as Necessary                                    | Paid by Me | Direct Billed  | Employers to Charge<br><small>(List letters that correspond to employers above)</small> |
|--|------------|--|---|
| Travel (air, bus, rail)  | \$ _____   | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____   |
| Hotel _____<br>Nights Stayed _____                                       | \$ _____   | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____   |
| Ground Transportation<br>(airport shuttle, cab fare, subway, rental car) | \$ _____   | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____   |
| Auto Mileage<br>_____ 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<br>(e.g. internet at hotel)                    | \$ _____   | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____   |
| <b>Total</b>   | \$ _____   |  |   |

## Section 4: Certification

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.

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.