

NALP TRAVEL EXPENSE REIMBURSEMENT FORM

It is our 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 (day) (_____) _____
 _____ Phone (evening) (_____) _____
 E-Mail or fax _____

**Names of all 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>
(A)	_____	_____	_____
(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 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.
- I have sent copies of this form and receipts to all prospective employers listed above and have indicated each employer's 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: _____ 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.