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 ( _________ ) _________________________
________________________________________ 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:

<table>
<thead>
<tr>
<th>Employer/City</th>
<th>Date</th>
<th>Contact (include phone #)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) (Host)___________</td>
<td>______</td>
<td>_________________________</td>
</tr>
<tr>
<td>(B)___________</td>
<td>______</td>
<td>_________________________</td>
</tr>
<tr>
<td>(C)___________</td>
<td>______</td>
<td>_________________________</td>
</tr>
<tr>
<td>(D)___________</td>
<td>______</td>
<td>_________________________</td>
</tr>
<tr>
<td>(E)___________</td>
<td>______</td>
<td>_________________________</td>
</tr>
</tbody>
</table>

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.

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.
☐ 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) _________________________________________________________________________________

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.

© July 2008 NALP.
Permission is granted to schools and employers to copy but not to alter this form for use in recruitment activities.