

TRAVEL EXPENSE REIMBURSEMENT FORM

Students: Please complete and return this form to your host employer with whom you interviewed — not to NALP. (Your host employer is the one through which you made your travel arrangements. You should generally bill as many of your expenses to the host firm as possible.)

It is the Firm's 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 Grace Johnson 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:

| <u>Employer/City</u> | <u>Date</u> | <u>Contact (include phone #)</u> |
|----------------------|-------------|----------------------------------|
| (A) (Host) _____ | _____ | _____ |
| (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 easier to use a separate form for each city.

| | <u>Paid by applicant</u> <small>(indicate the expenses that you incurred directly)</small> | <u>Prepaid</u> <small>(in these 2 columns list letters that correspond to employers above)</small> | <u>Employers to be charged</u> |
|--|---|---|--------------------------------|
| Round-trip air (coach), bus, or rail fare: | \$ _____ | \$ _____ | _____ |
| Auto Mileage (\$0.51 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.

All of the above expenses are related to my interviewing trip.

Signature _____ Date _____

Please return this form to host firm: **Grace Johnson, Katten Muchin Rosenman LLP** Please keep a copy for your records.
525 W. Monroe St., Chicago, IL 60661

* If requesting hotel (or other) expense donation to a public interest program, please attach program description and payment procedures.