

U.S. Department of Justice

REIMBURSEMENT FORM

To ensure payment, please return this form within 5 business days following your interview. The CCS Staff will prepare the travel voucher and send it to you for your signature. After you return your signed travel voucher, it takes approximately three weeks for reimbursement to be issued.

1. Name: _____ 2. Law School: _____
3. Social Security Number: _____ (If you do not have a social security number, enter your unique identification number here _____.)
4. Mailing Address: *(place you wish reimbursement check to be mailed)*

5. Current telephone: _____ 6. Current e-mail address: _____
7. Current fax number: _____

EXPENDITURES

(You must attach a receipt for any expenditure of \$75 or above.)

DATE	Ground Transportation Costs (e.g., metrorail, bus). (Taxi authorized <i>only</i> if arriving at Dulles Airport)	Lodging Costs (If approved or arranged by DOJ)	Privately Owned Vehicle (POV) Travelers Only: (prior DOJ approval required)	Total
	To: From: Mode of travel: Cost:	Hotel: Cost:	Round trip mileage: Other costs: (list type and amount)	
	To: From: Mode of travel: Cost:	Hotel: Cost:		
	To: From: Mode of travel: Cost:	Hotel: Cost:		
GRAND TOTAL				\$

I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Signature: _____ Date: _____

PLEASE FAX FORM AND RECEIPTS TO AMY ALEXANDER - 202-307-0862