

# U.S. Department of Justice REIMBURSEMENT FORM

PLEASE RETURN THIS FORM WITHIN 2 WEEKS OF THE INTERVIEW

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mailing Address (street, city, state, zip code): \_\_\_\_\_

**Payment will be issued by electronic fund transfer. Please provide the following information on your checking or savings account:**

ABA Routing Number (On a checking account, this is a nine-digit number on the left, bottom side of a check. Ask your bank if you have questions.) \_\_\_\_\_

Your Account Number: \_\_\_\_\_

Checking      or       Savings

Telephone & Fax: (include area codes): \_\_\_\_\_

## EXPENDITURES

Do not include any food purchases; you will get partial M&IE if your travel exceeded 12 hours. See the Travel Memo at [www.usdoj.gov/oarm](http://www.usdoj.gov/oarm) under the "Honors Program/Interview" link for details. Please attach receipts for expenses over \$75.00.

Date	Taxi Cabs <small>(Only if pre-authorized or specifically approved due to late flight, etc)</small>	Parking/Fare/Toll <small>(Include metrorail, train, etc. Do not include prepaid air fare.)</small>	Other <small>(Please specify, e.g., lodging if overnight stay was authorized. If lodging taxes apply, list separately.)</small>	Mileage <small>(If travel by private auto was authorized)  See for <a href="http://www.gsa.gov">www.gsa.gov</a> mileage rates in effect at the time of travel</small>		Total
				Mileage Rate		
				# of Miles		
				Mileage Rate		
				# of Miles		
				Mileage Rate		
				# of Miles		
<b>GRAND TOTAL</b>						\$

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 back to the attention of your scheduler at 202-307-0862**

**PRIVACY ACT STATEMENT** (This information is provided pursuant to the Privacy Act of 1974, 5 U.S.C. §552a[e][3]): This form requests personal information that is relevant and necessary for reimbursing expenses incurred during your travel to Washington, DC, for your interview(s) with components participating in the Attorney General's Honors Program. OARM collects this information in order to reimburse authorized expenses incurred during travel to and from your interview(s). OARM has the authority to ask for this information pursuant to 5 U.S.C. §301, and 28 C.F.R. Part 0.15(b)(2). Because accepting reimbursement for travel expenses is voluntary, you are not required to provide any personal information. However, failure to provide this information could result in your not receiving reimbursement for your travel expenses.