

**U.S. Department of Justice**  
**Honors Program Reimbursement Form**  
**PLEASE RETURN THIS FORM WITHIN 2 WEEKS OF THE INTERVIEW**

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

Mailing Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 \_\_\_\_\_ Telephone: \_\_\_\_\_  
 \_\_\_\_\_ FAX: \_\_\_\_\_

Traveled From: _____	To: _____	Round Trip? <input type="checkbox"/> Yes <input type="checkbox"/> No	Travel Dates: _____ to _____
From: _____	To: _____	Round Trip? <input type="checkbox"/> Yes <input type="checkbox"/> No	Travel Dates: _____ to _____
From: _____	To: _____	Round Trip? <input type="checkbox"/> Yes <input type="checkbox"/> No	Travel Dates: _____ to _____

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 bottom, left side of a check. Ask your bank if you have questions). \_\_\_\_\_
- Your bank account number: \_\_\_\_\_  Checking or  Savings

**EXPENSES CLAIMED (Receipts are required for expenses over \$75.00.)**

Do not claim food purchases; you will receive 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/Interviews" link for details.

TYPE	DATE(S)	AMOUNT
Lodging (receipt required)		
Lodging Tax		
Taxi (Only if pre-authorized or specifically approved due to late flight, etc)		
Mileage (If travel by private auto was authorized) <i>Reimbursement is limited to the mileage rate at the time of travel. See <a href="http://www.gsa.gov">www.gsa.gov</a> for details.</i>		Total miles:
Taxi Cabs (Only if pre-authorized or specifically approved due to late flight, etc)		
Parking/Fare/Toll (Include Metrorail, train, etc. Do not include prepaid air/rail fare.)		
Miscellaneous: <i>Itemize below. Airline baggage charges will not be reimbursed.</i>		

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 for your interview(s) with components participating in the Attorney General's Honors Program. DOJ collects this information in order to reimburse authorized expenses. 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.

DOJ USE ONLY:

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_