



Partnership for  
Action Learning  
in Sustainability

## TRAVEL & EXPENSE REIMBURSEMENT FORM

PALS Staff Only:

Date

Approved by:

Account KFS

### Instructions

Please file expense forms no later than **30 days after your trip**.

**MILEAGE:** Students and faculty will receive mileage reimbursement of 67.0 cents per mile. Please attach map documentation (e.g., Google Maps directions) of your trip showing both the route and total miles traveled. Mileage reimbursement will be calculated based on the attached map(s).

**MEALS:** Student requests for expense reimbursements do not require receipts if opting to receive the per diem (\$15 for breakfast, \$18 for lunch, and \$30 for dinner). Note: UMD requires that a trip start or end within at least 2 hours of a meal for reimbursement. So, for example, to get per diem for lunch, your trip must have started at or before 10 AM or, to get per diem for dinner, your trip must have lasted two hours past dinner (i.e., 8 PM if you ate at 6 PM). For most day trips only the lunch per diem applies. Faculty can buy group meals and be reimbursed (**original and itemized receipts** and names of students required). Students must pay individually if on a trip without faculty.

**MISCELLANEOUS:** University policy requires the purchaser to submit **original and itemized receipts and payment receipts** for miscellaneous expenses such as course supplies, subscriptions, report printing, and other purchases. As an alternative, PALS may directly purchase supplies or cover miscellaneous expenses. Please contact PALS Director, Kim Fisher, (kmfisher@umd.edu) to arrange PALS supply purchases.

#### EXPENSE REIMBURSEMENT PROCESS:

**1.** Fill out the form below and prepare other required documents. A Google map-including mileage-is required for all travel reimbursements, and **original and itemized receipts and payment receipts** are required for non-per-diem meals or miscellaneous expenses. Provide proof that it was paid by you.

**2.** If you have miscellaneous or meal reimbursements that require receipts, you must return this form and scanned receipts via email to a PALS Graduate Assistant: Laura Sweeney (lsween33@umd.edu) or Maya Assaker (massaker@umd.edu) and then mail the originals to the address below. If you are opting for per diem meals or a standard mileage reimbursement and do not need to attach any receipts, you may email your form to the Graduate Assistants.

Attn. Seth M Hanley-Raeder and Prince Hunter  
National Center for Smart Growth Research and Education  
The University of Maryland  
School of Architecture Building 145  
College Park, MD 20742

**3.** PALS staff will verify and enter the information into the University's system and prepare a final expense report. You will receive an email of this final expense report, which you will need to sign virtually and return.

**4.** Return a **signed copy** (virtual is okay) of the final expense report to a PALS Graduate Assistant (contact information in item 2.)

**5.** If you have set up a direct deposit account with the University, reimbursed funds will be directed to that bank account. If you do not have direct deposit set up, the University will mail your check to the address indicated in this form. If you have an outstanding balance due with the University, your check will be sent to the bursar's office and applied to your student account.

**Personal Information**

Course Number

First name  Last Name

Street address

City  State  Zip Code

E-mail

Are you currently a University employee? (including TA / GA)

Yes  No

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**Travel Details**

Departure Date  Return Date

Departure Time  Return Time

Origin  Destination

Total Mileage  Reimbursement Rate  **Total Mileage Expense**

Purpose of Trip (Name of PALS project and one sentence description)

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**Meal Details**

Per Diem Meal Reimbursement (check all that apply)

Breakfast (\$15)  Lunch (\$18)  Dinner (\$30)  **Total Per Diem** 

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**Detailed Meal Expenses** (if not opting for per diem)Date  Expense Description  Amount Date  Expense Description  Amount Date  Expense Description  Amount **Total Meals** 

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**Miscellaneous Expense Details**Date  Expense Description  Amount Date  Expense Description  Amount Date  Expense Description  Amount **Total Expenses** 

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I certify that I am the traveler for the trip listed on this document and that the expenses claimed are in full compliance with University and USM travel policies and with any sponsored program requirements and will not be/have not been otherwise reimbursed. I further certify that I have provided itemized receipts, as required that will be retained in the departmental file.

Signature Date