



## Site Visit Travel Expense Reimbursement Request

Awardee Type:  
 Retention  
 Recruitment

**EMAIL COMPLETED/SIGNED FORM TO:**  
[smart@nps.edu](mailto:smart@nps.edu)  
 Due NLT 30 days after travel

**Policy Statement** - For Participants who receive funding for one academic year or less, the Program provides all major travel expenses for a one-week visit to the Sponsoring Facility location where the Participant will complete the post-graduation service commitment. The Participant is responsible for booking travel/lodging/rental car once itinerary is approved. Reimbursement of approved expenses will be via ASEE at the conclusion of the site visit.

SECTION 1 – Participant Information	
Name (LAST, First, MI):	Cohort Year:
Phone:	Email:
Sponsoring Service:	Sponsoring Facility:
Facility POC Name:	Facility POC Email:

SECTION 2 – Scholarship Award Information	
Current Academic Institution:	City/State:
Degree Level Funded by SMART: <input type="checkbox"/> BS <input type="checkbox"/> BS/MS <input type="checkbox"/> MS <input type="checkbox"/> MS/PhD <input type="checkbox"/> PhD	Field of Study:
Degree Completion Date:	Degree Conferral Date:

SECTION 3 – Travel Expense Worksheet*							
Dates of Travel							
Personal auto mileage (50.0 cents/mile)							
Parking							
Airline Ticket							
Additional Airline Fees							
GSA Per Diem M&I							
GSA Lodging							
Lodging Taxes							
Rental Car							
Gas for a Rental Car							
Internet							
Public Transportation							
Totals							

Note: – Remember to list your dates of travel along the top of the worksheet, total each section both horizontally and vertically, and only claim 75% of the M&I rate for your first and last day of travel. Visit [www.gsa.gov](http://www.gsa.gov) for Domestic Per Diem Rates.



## Site Visit Travel Expense Reimbursement Request (Continued)

### SECTION 4 – Travel Description

Dates:	
Location:	

### SECTION 5 – Statement of Understanding

By signing below, I agree that all information provided is true and accurate to the best of my knowledge. I understand that all reimbursement claims are valid work-related expenses and do not include any personal expenses.

Please Check:

- I accept these terms.
  I do not accept these terms.  
 I am submitting this request not later than thirty (30) days after traveling.  
 I have attached the following documents to this request:
  - (1) a printout from GSA of the approved rates for my visit;
  - (2) all receipts for reimbursement claims; and
  - (3) a map indicating mileage for all mileage claims.

Participant Signature:	Date:
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-----DO NOT WRITE BELOW THIS DOTTED LINE / SMART PROGRAM OFFICE USE ONLY-----

### SECTION 6 – SMART Program Office Review

<input type="checkbox"/> Documentation is Complete and Approved.	Approved Amount:	
Cohort Administrator Name:	Cohort Administrator Signature:	Date: