



**NAVAL RESEARCH LABORATORY
POSTDOCTORAL FELLOWSHIP**
Administered by the
AMERICAN SOCIETY FOR ENGINEERING EDUCATION



Relocation Reimbursement Request

NAME: _____

CURRENT HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ EMAIL: _____

SPONSORING LAB: _____

ADVISOR: _____ TELEPHONE: _____

TRANSPORTATION AND OTHER EXPENSES:

- 1) LOCAL TRANSPORTATION (INCLUDE RECEIPTS): \$ _____
- 2) ACTUAL AUTO MILEAGE (\$.445 PER MILE): \$ _____
- 3) AIRPORT PARKING (INCLUDE RECEIPTS): \$ _____
- 4) AIRLINE TICKET (MUST BE PRE-APPROVED): \$ _____

WAS YOUR AIRLINE TICKETS PURCHASED THROUGH ASSOCIATION TRAVEL CONCEPTS OR THROUGH AN INDEPENDENT TRAVEL AGENT? YES NO

5) OTHER EXPENSES (PLEASE SPECIFY AND INCLUDE ALL RECEIPTS):

- a) _____ \$ _____
- b) _____ \$ _____
- c) _____ \$ _____
- d) _____ \$ _____
- e) _____ \$ _____

CERTIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

FELLOW'S SIGNATURE

DATE

FOR ASEE HEADQUARTERS USE ONLY

PER DIEM: THIS PER DIEM RATE IS BASED ON GOVERNMENT RATES PUBLISHED BY THE GENERAL SERVICES ADMINISTRATION IN THE FEDERAL TRAVEL REGULATIONS (41 CFR, CHAPTER 301). **PLEASE PROVIDE HOTEL BILL WITH THIS FORM**

HOTEL ACCOMMODATIONS: \$ _____ X _____
(PER DIEM) (# OF NIGHTS UP TO TWO)

MEALS: \$ _____ X _____
(PER DIEM) (# OF DAYS UP TO THREE)

APPROVED FOR PAYMENT ON: _____ BY: _____ DATE: _____

CHARGE TO ACCOUNT: _____