



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



**TRAVEL REIMBURSEMENT FORM**

To be submitted no later than thirty days (30) after traveling. Receipts must be provided for all reimbursement claims.

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Destination: \_\_\_\_\_

Dates of Travel: \_\_\_\_\_

Reason for Travel: \_\_\_\_\_

Estimated Costs:

Air Fare: \_\_\_\_\_

Local Transportation: \_\_\_\_\_

Airport Parking: \_\_\_\_\_

Auto Mileage: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Rental Car (must be pre-approved): \_\_\_\_\_

Rental Car Gas: \_\_\_\_\_

Total: \_\_\_\_\_

**CERTIFICATION:** I certify that this report is true and accurate to the best of my knowledge.

<b>Fellow's Signature</b>	<b>Date</b>	<b>Advisor's Signature</b>	<b>Date</b>
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**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: \_\_\_\_\_ X \_\_\_\_\_ \$ \_\_\_\_\_  
*(per diem) (# of nights)*

Meals: \_\_\_\_\_ X \_\_\_\_\_ \$ \_\_\_\_\_ *(M&IE)*  
*per diem) (# of days)*

Total Reimburesment: \_\_\_\_\_

Approved for payment on \_\_\_\_\_ by \_\_\_\_\_

**PLEASE NOTE:**

- Only request accompanied by receipts will be considered reimbursement.
- Only the first 1,000 miles of any trip driven in your personal automobile is reimbursed at 44.5 c/mile. All additional miles are reimbursed at 21c/mile.
- Do not submit receipts unless they are attached by scotch tape to an 8x11 piece of paper. This will ensure that receipts are not lost and will assist in the correct reimbursement for your travel.

**Your reimbursement will be deposited into your back account along with an upcoming stipend**