



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



**TRAVEL AUTHORIZATION FORM**

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: \_\_\_\_\_

Hotels (per diem): \_\_\_\_\_

Meals (per diem): \_\_\_\_\_

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

Fellow's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LABORATORY ENDORSEMENT:

The laboratory authorizes this Travel.

\_\_\_\_\_  
*Advisor's Signature* *Date*

\_\_\_\_\_  
*Division Head's Signature* *Date*

\_\_\_\_\_  
*Lab Coordinator's Signature* *Date*

ASEE Action: You are authorized to travel and to incur necessary expenses in accordance with applicable laws and regulations.

\_\_\_\_\_  
*(Signature of ASEE Official)* *Date* *Charge Code*

Travel Approved

Travel Not Approved