



**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 (\$.505 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.

\_\_\_\_\_  
ADVISOR'S SIGNATURE/ DATE

\_\_\_\_\_  
FELLOW'S SIGNATURE/ DATE

<b>FOR ASEE HEADQUARTERS USE ONLY</b>			
<b>PER DIEM:</b> THIS PER DIEM RATE IS BASED ON GOVERNMENT RATES PUBLISHED BY THE GENERAL SERVICES ADMINISTRATION IN THE FEDERAL TRAVEL REGULATIONS (41 CFR, CHAPTER 301). <b>PLEASE PROVIDE HOTEL BILL WITH THIS FORM</b>			
TWO)	HOTEL ACCOMMODATIONS: \$ _____ X _____	(PER DIEM)	( # OF NIGHTS UP TO _____ )
	MEALS: \$ _____ X _____	(PER DIEM)	( # OF DAYS UP TO _____ )

APPROVED FOR PAYMENT ON: \_\_\_\_\_ BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
CHARGE TO ACCOUNT: \_\_\_\_\_