



**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

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			
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: _____