



NAVAL SURFACE WARFARE CENTER  
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 (\$.565 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) \_\_\_\_\_ \$ \_\_\_\_\_

Total Reimbursement \$ \_\_\_\_\_

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

\_\_\_\_\_  
FELLOW'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADVISOR'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: \_\_\_\_\_