



**NAVAL SURFACE WARFARE CENTER
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*

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