



**NAVAL SURFACE WARFARE CENTER
POSTDOCTORAL FELLOWSHIP**
Administered by the
AMERICAN SOCIETY FOR ENGINEERING EDUCATION



TRAVEL REIMBURSEMENT FORM

To be submitted no later than thirty days (30) after traveling. Receipts must be provided for all reimbursement claims.

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: _____

Total: _____

CERTIFICATION: I certify that this report is true and accurate to the best of my knowledge.

Fellow's Signature	Date	Advisor's Signature	Date
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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: _____ X _____ \$ _____
(per diem) (# of nights)

Meals: _____ X _____ \$ _____ *(M&IE)*
per diem) (# of days)

Total Reimbursement: _____

Approved for payment on _____ by _____

PLEASE NOTE:

- Only request accompanied by receipts will be considered reimbursement.
- Any trip driven in your personal automobile is reimbursed at 56.5c/mile.
- Do not submit receipts unless they are attached by scotch tape to an 8x11 piece of paper. This will ensure that receipts are not lost and will assist in the correct reimbursement for your travel.

Your reimbursement will be deposited into your back account along with an upcoming stipend