



Air Force
Summer Faculty Fellowship Program
 Administered by:
Systems Plus, Inc.



ONE-WAY RELOCATION ALLOWANCE REIMBURSEMENT REQUEST FORM

To be submitted **no later** than thirty (30) days after arrival at the AF research facility. Receipts and/or maps must be provided for all reimbursement claims.

Name: _____ Phone: _____
 Destination: _____
 Travel date(s) to the research facility: _____ Travel date(s) from the research facility: _____

Costs:

Airfare: _____
 Baggage fees: _____
 Local transportation: _____
 Auto mileage (first leg __) (second leg __) (\$0.545 per mile): _____
Total: _____

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

Printed name: _____

Signature: _____ Date: _____

FOR SYSTEMS PLUS USE ONLY Total Reimbursement: _____
 Approved for payment on _____ by _____

PLEASE INCLUDE DIGITAL MAP FOR PROOF OF DRIVEN MILEAGE FOR ONE-WAY ONLY.
NOTE: RETURN TRIP REIMBURSEMENT SHOULD BE SUBMITTED AFTER PROGRAM COMPLETION.

PLEASE UPLOAD FORM TO YOUR AFRL SFFP ONLINE ACCOUNT

[\(https://applyafrlsffp.sysplus.com/\)](https://applyafrlsffp.sysplus.com/)