



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



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## 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: \_\_\_\_\_

Round-trip auto mileage (\$.56 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 RETURN SIGNED AND COMPLETED FORM IN PDF FORMAT TO:

Systems Plus, Inc.  
AFSFFP Program  
[afsffp.pmo@sysplus.com](mailto:afsffp.pmo@sysplus.com)