

**NATIONAL SCIENCE FOUNDATION  
4201 WILSON BOULEVARD  
ARLINGTON, VA 22230**

**FELLOWSHIP TRAVEL CERTIFICATE**

All Travel Payments are processed by EFT (electronic funds transfer) to the same account as stipend payments.  
Please complete and return this form to:..

**Graduate Fellowship Program, National Science Foundation, 4201 Wilson Blvd - Room 907N, Arlington, VA 22230 USA**

Program Contact: Freida R. Johnson Phone: (703) 292-8694 E-Mail: grfp@nsf.gov Fax: (703) 292-9048

Name: *(last, first, m.i.)*

Social Security  
Number:

Grant Number:

**Graduate Fellowship Program**

**TRAVEL STATUS / PAYMENT REQUEST**

- I would like to receive an advance of travel funds for the trip described below. I understand that if a travel advance is granted to me, it will be under the following conditions:
- a. That upon completion of the travel, I will inform the NSF of the dates and places where travel was performed.
  - b. If it is determined by the NSF, after my travel is completed, that I should have received a lesser travel allowance than that advanced, the difference between the amount advanced and the amount I am eligible to receive will be either deducted from any future payments which the NSF may make to me, or I may be required to return the excess funds.
- I have already received an advance of travel funds and am submitting, for your records, a description of my travel.
- I have completed my travel and am requesting a travel reimbursement.

**TRAVEL DESCRIPTION**

Point of Departure: *(city, state, country)*

Date:

Point of Arrival: *(city, state, country)*

Date:

Reason for Travel:

Accompanying Dependents:

N/A Spouse

Number of Dependent Children: N/A

Signature:

Date:

**FOR NSF USE**

COMPUTATION

No. of Miles:

N/A

Rate per Mile:

N/A

Total:

**\$1,000**

Computed

By:        Freida R. Johnson

       Janet C. Rutledge

Signature:

Date:

Remarks:

- This is a one-time only travel allowance request
- Other: