

ARL DISTINGUISHED POSTDOCTORAL FELLOWSHIP

**MOVEMENT OF HOUSEHOLD GOODS FORM (U.S. ONLY)**

<b>Last Name</b>		<b>First Name</b>		<b>Phone</b>
<b>Agency</b>		<b>Laboratory or Center</b>		<b>E-mail</b>
<b>RELOCATING FROM</b> Address  City, State ZIP			<b>RELOCATING TO</b> Address  City, State ZIP	
<b>Estimated Move Date</b>				
<b>Comments</b>				
<b>OFFICE OF FELLOWSHIPS MOVING COMPANY</b>		<b>HOUSEHOLD TYPE</b> Apartment    House/Townhouse		<b>Number of Rooms</b>
		<b>PACKING/UNPACKING HOUSEHOLD</b> Self            Moving Company		
<b>SELF MOVE</b>		Personal Vehicle Rental Truck/trailer Other (Specify)		Approximate Mileage
				If you selected "other" self move, please specify below.
<b>I have read and understand <a href="#">section 5.6 in the Travel and Professional Development Guide</a> regarding limitations pertaining Movement of Household Goods.</b>				
<b>Fellow Signature and Date</b>			<b>Office of Fellowships Signature and Date</b>	
-----Below Section for Office Use Only-----				
<b>Max. Wt. (in lbs.)</b>				
Fellow ID	Sent to Wheaton	PAN	Acct#	