The National Academies of
SCIENCES • ENGINEERING • MEDICINE

ARL DISTINGUISHED POSTDOCTORAL FELLOWSHIP

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

Last Name	**First Name**	**Phone**
Agency	**Laboratory or Center**	**E-mail**

RELOCATING FROM Address City, State ZIP	**RELOCATING TO** Address City, State ZIP

Estimated Move Date

Comments

☐**FELLOWSHIPS OFFICE MOVING COMPANY**	**HOUSEHOLD TYPE** ☐Apartment ☐ House/Townhouse **PACKING/UNPACKING HOUSEHOLD** ☐Self ☐Moving Company	**Number of Rooms**

☐**SELF MOVE**	☐Personal Vehicle ☐Rental Truck/trailer ☐ Other (Specify)	Approximate Mileage If you selected "other" self move, please specify below.

I have read and understand section 7.4 in the Travel Guide regarding limitations pertaining Movement of Household Goods.

Fellow Signature and Date	**Fellowships Office Signature and Date**

----------Below Section for Office Use Only----------

Max. Wt. (in lbs.)

Fellow ID	Sent to Wheaton	PAN	Acct#