

**AMERICAN UNIVERSITY OF BEIRUT**

**REQUEST FOR BENEFITS AND ALLOWANCES REIMBURSEMENT**  
**FOR ELIGIBLE NEW FACULTY MEMBERS**

**TO : Contracts and Records Supervisor**  
**Human Resources Department (Campus)**

You are kindly asked to provide me with the Benefits and Allowances stipulated under Part II of my Letter of Appointment according to Policies on Benefits and Allowances for Academic Personnel dated December 1, 2002.

- 1. Cost of the Pre-Employment Medical Exam  
as per attached receipts \_\_\_\_\_
- 2. Outfitting Allowance \_\_\_\_\_
- 3. Cost of Visa to enter Lebanon  
(copies of the Stamped Visa on Passports) \_\_\_\_\_
- 4. Travel and Baggage Allowances \_\_\_\_\_  
Date of Arrival \_\_\_\_\_

The following members of my family traveled with me or will follow within three months to reside with me in Lebanon.

- Spouse \_\_\_\_\_
- Eligible Children
- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_