

TRAVEL PAYMENT REQUEST

Project Number #	Task #	Award #	Expenditure Type	Organization	P.O.Number
Encumbrance	Date	Advance	Date	Expense	Date

Name (First, Middle Init., Last) _____ Department _____

Home Address _____ City _____ State _____ Zip code _____

Point of Departure _____ Date _____ Time _____ a.m. _____ p.m.
 Point of Return _____ Date _____ Time _____ a.m. _____ p.m.

Destination and Purpose of Travel _____
 Attach conference Announcement/brochure Conference Foreign Travel

Relationship to Program R.F. Employee Consultant Lecturer SUNY Employee Other (Explain) _____

If required, sponsor has provided prior approval _____ (Yes)

ENCUMBRANCE / ADVANCE	TRANSPORTATION (Common Carrier)	\$ _____ X 100%	= \$ _____
	TRANSPORTATION (All Other)	\$ _____ X 80%	= \$ _____
	METHOD I – PER DIEM No. of days _____ X Rate _____	\$ _____ X 80%	= \$ _____
	METHOD II – LODGING AND MEAL ALLOWANCES No. of days _____, Lodging \$ _____, Meals \$ _____	\$ _____ X 80%	= \$ _____
	TOTAL ENCUMBRANCE	\$ _____	TOTAL ADVANCE (1) \$ _____

Traveler Signature	Date	Project Director Signature	Date	Operations Manager Signature	Date
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TRANSPORT AND OTHER EXPENSES		MEALS AND LODGING	
Common Carrier	\$ _____	Departure Date	Return Date
Parking	\$ _____	Time _____ a.m. _____ p.m.	Time _____ a.m. _____ p.m.
Car Rental	\$ _____	METHOD I – PER DIEM	METHOD II – LODGING AND MEALS
(justification required)		No. of Days Rate	Number of Days \$ _____
Personal Car		_____ X _____ = \$ _____	Lodging \$ _____
Miles _____ X Rate _____	\$ _____	MEAL ADJUSTMENT	Meal Allowance (3) \$ _____
Tolls	\$ _____	Breakfast \$ _____	MEAL ADJUSTMENT
Taxi	\$ _____	Dinner \$ _____	Breakfast \$ _____
Miscellaneous(Explain)	\$ _____	Total (3) \$ _____	Dinner \$ _____
Other	\$ _____		Total (3) \$ _____
TOTAL	(2) \$ _____		

I hereby certify that the above trip was taken for the purpose indicated; that the above accounting is accurate; that no portion has been paid, except as stated on this form and that the balance indicated is due or reimbursable in accordance with Research Foundation Travel Policy.

Transportation Expenses	(2) \$ _____
Per Diem/Meals and Lodging	(3) \$ _____
Total Expenses	\$ _____
Less Advance (P.O. No. _____)	(1) \$ _____
Balance Due Traveler	\$ _____
Balance Due Research Foundation (attach check)	\$ _____

Traveler Signature	Date	Project Director Signature	Date	Operations Manager Signature	Date
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