

THE RESEARCH FOUNDATION OF SUNY TAXABLE MEAL PAYMENT REQUEST & AUTHORIZATION FORM

SOCIAL SECURITY NUMBER	LAST NAME		FIRST NAME	
EXPENSE DATE	DEPARTURE TIME		RETURN TIME	
DESTINATION				
		•		
MEAL ALLOWANCE OR REIMBURSEMENT				
BREAKFAST	\$			
DINNER	\$			
TOTAL	\$			
		EMPLOYEE'S SIG	GNATURE	DATE
		AUTHORIZED SIGNATURE		DATE
		AUTHORIZED SIGNATURE		DATE
PROJECT NO. AWARD NO.	EFFECTIVE FROM DA	TE EFFECTIVE TO	D DATE ACTIO	ON CODE
			N/A	
	HR INPUT:	DATE: / /	LD:	DATE: / /

ADMINISTRATIVE INFORMATION

This form is used when claiming a meal allowance payment or reimbursement for *non-overnight* travel. For allowable rates, refer to the Research Foundation's Travel Policy and Addendum.

Payment will be made through the Personnel Administration System (PAS) using payroll transaction "Payroll Manual Adjustment Transaction," PY02. (Refer to the Data Entry/Inquiry Procedures section of the Payroll Manual for an overview of PAS and a description of the PY02 transaction.)

The employee must have an active appointment to the category and account from which the payment will be made. The *effective from* and *to* dates must be within the employee's appointment period and can be any dates within the current or a prior pay period. A general journal entry can be done to transfer funds for payments made to an employee which should have been paid from an account other than the one to which the person is appointed.