

## TRAVEL PAYMENT REQUEST

Project	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	Point of Return	Date		
	Time	a.m. p.m.	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)

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

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

**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) \$ _____
<b>Balance Due Traveler</b>	<b>\$ _____</b>
<b>Balance Due Research Foundation</b> (attach check)	<b>\$ _____</b>

Traveler Signature	Date	Project Director Signature	Date	Operations Manager Signature	Date
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