



REQUEST AND AUTHORIZATION FOR TRAVEL

Distribution: State: Business Office, Travel Section, AD-512, 7-4660
 Research Foundation: Sponsored Funds Administration, 7-6752
 Binghamton Foundation Funds: Foundation, Accounting Services, AD-225

Today's date _____

Name of traveler _____

Employee completing form _____

Departure point (city, state) _____

Department _____

Destination (city, state) _____

Departure date _____

Employer: ☐ State ☐ Research Foundation

Return date _____

Please check: ☐ meeting conference ☐ recruiting ☐ field trip ☐ other (specify) _____

Purpose and details of trip: (If candidate, indicate position for which candidate is being interviewed.)

Travel will be by: ☐ plane ☐ train ☐ bus ☐ personal car ☐ rental car

Air/train authorization number needed? ☐ yes ☐ no Air/train control number _____

Lodging authorization number needed? ☐ yes ☐ no Lodging control number _____

Contact person _____ Telephone number _____

Terms of reimbursement: (Please indicate those that apply.) ☐ transportation ☐ lodging ☐ meals ☐ miscellaneous

Support recommended: full allowable reimbursement _____ OR limited to \$ _____

Is a travel advance being requested (not applicable for non-state employees)? ☐ yes ☐ no

If yes, complete **Application for Travel Advance** form. Please allow two weeks for processing.

| | <input type="checkbox"/> NYS | <input type="checkbox"/> NYS | <input type="checkbox"/> Research Foundation (only "P" for project required) | <input type="checkbox"/> Binghamton Foundation (account only) | <input type="checkbox"/> Other |
|----------|------------------------------|------------------------------|---|--|--------------------------------|
| P | _____ | _____ | _____ | _____ | _____ |
| O | _____ | _____ | _____ | _____ | _____ |
| E | _____ | _____ | _____ | _____ | _____ |
| T | _____ | _____ | _____ | _____ | _____ |
| S | _____ | _____ | _____ | _____ | _____ |

| | | |
|---|---|------------|
| A P P R O V A L S | _____ | Date _____ |
| | (original, signature of traveler) | |
| | _____ | Date _____ |
| | (supervisor/chair of originating dept./office) (not required for principal investigators) | |
| | _____ | Date _____ |
| | (dean, when applicable) | |
| | _____ | Date _____ |
| | (vice president, when applicable) | |
| | _____ | Date _____ |
| | (president, for vice president's travel) | |