

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

Traveler Signature	Date	Project Director Signature	Date	Operations Manager Signature	Date
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