

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	
(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
Miscellaneous(Explain)	\$ _____	MEAL ADJUSTMENT	Breakfast _____ \$ _____
Other	\$ _____	Breakfast _____ \$ _____	Dinner _____ \$ _____
TOTAL (2) \$ _____		Dinner _____ \$ _____	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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