**Research Foundation of SUNY**

**STATE UNIVERSITY OF NEW YORK COLLEGE AT CORTLAND**

**Travel Authorization Request**

**(Submit Prior to Travel)**

Traveler’s Name (Student): Date:

Traveler’s Department: Telephone:

Date/Time Departure: Date/Time Return:

From (Location): To (Destination):

Transportation: Mode of Transportation:

In-State Personal Car

Out-of-State (Incl. Canada) Plane

Out-of-Country Bus

Train

Purpose of Travel:

Lodging:

Hotel/Motel Travel Advance/NYS Tax Exempt

Rooming House/Tourist Home/YMCA/YWCA forms available from the RF Fiscal Office.

Dormitory

Traveler’s Signature:

Approved with the Following Limitations

(If Applicable)

Funding Limited to: Project Task Award:**\***

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**\*** Must be indicated for voucher processing if funding is approved

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Project Director’s (Faculty Mentor) Signature:

Next Level Supervisor Signature (if applicable):

Appropriate Vice President’s Signature (if applicable):

**Approval signatures certify that the travel is valid and represents official College business.**

Distribution: Submit completed form to: RF Fiscal Office, 335 Miller Building