



**The Research Foundation of State University of New York
TRAVEL PAYMENT REQUEST**

Project	Task	Award	Expenditure Type	Organization	<input type="checkbox"/> Check	<input type="checkbox"/> Electronic	
Requisition & P.O. Number		Advance	Date	Expense			Date
Name (First, Middle Initial, Last)			Department		Supplier # Site #		
Home Address (Number and Street)			City		State	Zip Code	
Point of Departure		Date:	Point of Return:		Date:		
		Time: AM:	PM		Time: AM	PM	
Destination and Purpose of Travel:					<input type="checkbox"/> Conference <input type="checkbox"/> Foreign Travel		
Relationship to Program							
R.F. Employee <input type="checkbox"/> Consultant <input type="checkbox"/> Lecturer <input type="checkbox"/> SUNY Employee <input type="checkbox"/> Other (Explain) <input type="checkbox"/>							
If Required, Sponsor has provided prior approval _____ (Yes)							
Encumbrance/Advance				Encumbrance		Advance	
	Transportation (Common Carrier):			\$	x 100.00% =	\$	
	Transportation (All Other):			\$	x 80% =	\$	
	METHOD I – Per Diem No. of days _____ x Rate _____			\$	x 80% =	\$	
	METHOD II – Lodging & Meal Allowances No. of days _____, Lodging \$ _____, Meal \$ _____			\$	x 80% =	\$	
	Total Encumbrance			\$	Total Advance (1)	\$	
Traveler Signature		Date	Project Director Signature		Date	Operations Manager Signature	Date
Actual Expenses	Transportation		Other Travel Expenses				
	Common Carrier	\$	Departure Date: Time: AM PM		Return Date: Time: AM PM		
	Parking	\$	Method I – Per Diem		Method II – Lodging and Meals		
	Car Rental (justification required)	\$	No. of days	Rate	\$	Number of Days	
	Personal Car miles x rate	\$	Meal Adjustment:		Lodging	\$	
	Tolls	\$	Breakfast		Meal Allowance	\$	
	Taxi	\$	Dinner		Meal Adjustment		
	Miscellaneous (explain)	\$			Breakfast	\$	
					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		(1)	\$ ()	
			Balance Due Traveler			\$	
			Balance Due Research Foundation (attach check)			\$	
Traveler Signature		Date	Project Director Signature		Date	Operations Manager Signature	Date