

STATE UNIVERSITY COLLEGE AT CORTLAND
Travel Authorization Request
(Submit Prior to Travel)

Traveler's Name: _____ Date: _____

Traveler's Department: _____ Bus. Telephone: _____

Date/Time Departure: _____ Date/Time Return: _____

From (Location): _____ To (Destination): _____

Transportation:

- _____ In-State
- _____ Out-of-State (Incl. Canada)
- _____ Out-of-Country

Lodging:

- _____ Hotel/Motel
- _____ Rooming House/Tourist Home/YMCA/YWCA
- _____ Dormitory

** Tax Exempt forms available through Business Office

Purpose of Travel: _____

Traveler's Signature: _____

Approved with the Following Limitations: _____

If Employee is requesting and Supervisor is approving the use of a Personal Car without Motor Pool Denial, each should initial approval:

Traveler's Request _____ (Initial)
 Supervisor Approval _____ (Initial)

(If Applicable)

Funding Limited To:	Account Charged:*	Initials
_____	_____	_____
_____	_____	_____

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

Supervisor's Signature: _____

Next Level Supervisor (and for funding approval if applicable): _____

Appropriate Vice President's Signature: _____
 (for affiliated organization-non N.Y.S. employee and special funding circumstances only).

Approved signatures certify that the travel is valid and represents official University business.

REQUEST FOR TRAVEL ADVANCE: (For registration; for per diem only when credit card use is not feasible.)

I request a Travel Advance for _____ day's duration. (Limited to \$400.00 Maximum) \$ _____
 I have read and consent to the terms and conditions set forth regarding travel advances.

Signature of Traveler: _____ Date Check is Needed: _____

RECORD OF ADVANCE:

Check No.	Date	Amt. of Check	Traveler's Signtr	Amt. Returned	Balance

Travel Advance Number Assigned by Accounts Payable: _____

AGREEMENT FOR ACCEPTANCE
OF A TRAVEL ADVANCE

In consideration of the amount received by me from the State of New York as an advance for travel expenses to be incurred by me in the performance of my duties, in accordance with the Rules and Regulations of the Department of Audit and Control, I hereby agree:

1. to account promptly and completely for the money advanced to me;
2. in the event of my resignation or separation from the service of the State or failure to account, the State of New York shall be immediately entitled to the return of the sum advanced to me or any part thereof.
3. The State may deduct said amount from any monies due or accruing to me from the State, at the time of my resignation, separation, or failure to account. If there are not sufficient monies due or accruing to me from the State at the time of my resignation or separation, or if I shall fail to promptly account, the State may enter judgment against me without further notice to me for the sum still owing by me to the State of New York, as certified to the Department of Audit and Control by the issuing officer of my agency.

Signature _____
Date _____