RESEARCH FOUNDATION OF SUNY

STATE UNIVERSITY COLLEGE

ONEONTA, NY 13820-4015

**REQUEST FOR AUTHORIZATION TO TRAVEL (FA-60)**

Encumbrance No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Project No. Task No. Award No. Budget Category |
|  |

Name of Traveler: Date:

Employer: Position:

Business Address:

Home Address:

Receiving Consultant Payment: □ YES □ NO SSN:

Dates of Travel: Destination:

Purpose:

Description of Expenditure Meals Lodging Travel Other

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Mileage to airport and return:  Shuttles/Taxis:  Car rental:  Estimated Parking:  AIRFARE:  Lodging: nights @  Meals: days @  Per diem rate:  TRIP TOTAL: $ | |  |  |  |  |
|  |

Itinerary

TOTAL AIRFARE COST: $

(Prior Approval) PROJECT DIRECTOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_

(Payment Authorization) OPERATIONS MGR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_

R.F. USE ONLY: