The Research Foundation of State University of New York

**TRAVEL PAYMENT REQUEST**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project | | | Task | Award | | | | | Expenditure Type | | | | | | Organization | | | | | | | PO Number | | | |
| Grant Name | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (First, Middle Initial, Last) | | | | | | | | | Department | | | | | | | | |  | | | | | | | |
| Home Address (Number and Street) | | | | | | | | | City | | | | | | | State | | | | | | | | Zip Code | |
| Point of Departure | | | | Date:  Time: AM: | | | | PM | | Point of Arrival | | | | | | Date:  Time: AM | | | | | | | PM | | |
| Destination and Purpose of Travel | | | | | | | | | | | | | | | | | | | | 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** | |  | | | | | | | | | | | **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 & 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  x = | | | | $ | | | Number of Days | | | | | | | |  | | | |
| Personal Car  miles x rate | | | | $ | | Meal Adjustment: | | | |  | | | Lodging | | | | | | | | $ | | | |
| Tolls | | | | $ | | Breakfast | | | | $ | | | Meal Allowance | | | | | | | | $ | | | |
| Taxi | | | | $ | | Dinner | | | | $ | | | Meal Adjustment  Breakfast | | | | | | | | $ | | | |
| Miscellaneous (explain) | | | | $ | |  | | | |  | | | 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 (P.O. No. ) (1) | | | | | | | | | | | | $ | | | | | | |
| Balance Due Traveler | | | | | | | | | | | | $ | | | | | | |
| **Balance Due Research Foundation (attach check)** | | | | | | | | | | | | $ | | | | | | |
| Traveler Signature | | | | | Date | | Project Director Signature | | | | | Date | | Operations Manager Signature | | | | | | | | | | | Date |

Revised 3/22/01