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 DiemNo. of days \_\_\_\_\_\_ x Rate \_\_\_\_\_ | $ | x 80% = | $ |
| METHOD II – Lodging & Meal AllowancesNo. 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 Carmiles x rate  | $ | Meal Adjustment: |  | Lodging | $ |
| Tolls | $ | Breakfast | $ | Meal Allowance | $ |
| Taxi | $ | Dinner | $ | Meal AdjustmentBreakfast | $ |
| 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