

**The Research Foundation for SUNY
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:	Point of Arrival		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% =	\$	
	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	\$	
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