

**VISA TRAVEL  
PAYMENT REQUEST FORM**  
INTERACTIVE DOCUMENT: FILL OUT ON-LINE AND PRINT

**\*\*Request form is to be submitted by the 20<sup>th</sup> of each month for current charges\*\***

NAME	Employee #
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DEPARTMENT \_\_\_\_\_

PROJECT	TASK	AWARD
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Last 4 digits of Credit Card	CARD HOLDER
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STATEMENT DATE \_\_\_\_\_

DESTINATION AND PURPOSE OF TRAVEL: \_\_\_\_\_

<b>DEPARTURE DATE:</b> TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM	<b>RETURN DATE:</b> TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM
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Registration . . . . \$ \_

Hotel . . . . . \$                      Excessive hotel memo attached  Yes  No

Common Carrier \$ \_

Meals . . . . . \$ \_

Parking . . . . . \$ \_

Miscellaneous . . \$ \_

Car Rental . . . . . \$                      (Explain: Justification required) \_

Taxi . . . . . \$ \_

**Total . . . . . \$ \_\_\_\_\_**

Traveler Signature	Date
Project Director Signature	Date
Fiscal Designee Signature	Date

\* Original receipts must be attached.  
 \* Conference agenda must be attached.  
 \* Any unallowable charges will need to be repaid to the Research Foundation of SUNY.  
 \* Any expenses not placed on the VISA card must be submitted on a Travel Payment Request Form.