



**The Research Foundation of State University of New York  
TRAVEL PAYMENT REQUEST**

Project	Task	Award	Expenditure Type	Organization	<input type="checkbox"/> Check <input type="checkbox"/> Electronic		
Requisition & P.O. Number		Advance	Date	Expense	Date		
Name (First, Middle Initial, Last)			Department	Supplier # Site #			
Home Address (Number and Street)			City	State	Zip Code		
Point of Departure		Date:	Point of Return:		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)							
<b>Encumbrance/Advance</b>				<b>Encumbrance</b>		<b>Advance</b>	
	Transportation (Common Carrier):			\$	x 100.00% =	\$	
	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% =	\$	
	<b>Total Encumbrance</b>			\$	<b>Total Advance (1)</b>	\$	
Traveler Signature		Date	Project Director Signature		Date	Operations Manager Signature	Date
<b>Actual Expenses</b>	<b>Transportation</b>		<b>Other Travel Expenses</b>				
	Common Carrier	\$	Departure Date: Time: AM                      PM		Return Date: Time: AM                      PM		
	Parking	\$	<b>Method I – Per Diem</b>		<b>Method II – Lodging and Meals</b>		
	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	\$	
					Dinner	\$	
<b>Total (2)</b>		\$	<b>Total (3)</b>		\$	<b>Total (3)</b>	\$
<b>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.</b>			Transportation Expenses		<b>(2)</b>	\$	
			Per Diem/Meals and Lodging		<b>(3)</b>	\$	
			Total Expenses			\$	
			Less Advance		<b>(1)</b>	\$ (                      )	
			<b>Balance Due Traveler</b>			\$	
			<b>Balance Due Research Foundation (attach check)</b>			\$	
Traveler Signature		Date	Project Director Signature		Date	Operations Manager Signature	Date