

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

Project 111222	Task 3	Award 44566	Expenditure Type Conference	Organization	<input type="checkbox"/> Check <input type="checkbox"/> Electronic
Requisition & P.O. Number		Advance	Date	Expense	Date
Name (First, Middle Initial, Last) Sunny R Trips			Department Hosp Admin		Supplier # Site #
Home Address (Number and Street) 123 Sunrise Lane			City Syracuse	State NY	Zip Code 13210
Point of Departure Syracuse		Date: 12/1/23 Time: 6:30 AM	Point of Return: Syracuse		Date: 12/06/23 Time: AM 10 PM
Destination and Purpose of Travel: Las Vegas - Travel Conference					<input checked="" type="checkbox"/> Conference <input type="checkbox"/> Foreign Travel
Relationship to Program R.F. Employee <input checked="" 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	Transportation (Common Carrier): Airfare - Include Receipt			Encumbrance \$ 300.	x 100.00% = \$ 300.
	Transportation (All Other): Registration - Include Receipt			\$ 250.	100% x 80% = \$ 250.
	METHOD I - Per Diem No. of days 5 x Rate 69 - Agenda Required			\$ 345.	x 80% = \$ 276.
	METHOD II - Lodging & Meal Allowances No. of days 4 , Lodging \$ 800 , Meal \$ Include Receipt			\$ 800.	x 80% = \$ 640.
	Total Encumbrance			\$	Total Advance (1) \$ 1466.
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 x Rate =	\$	Number of Days
	Personal Car miles x rate	\$	Meal Adjustment:		Lodging \$
	Tolls	\$	Breakfast		Meal Allowance \$
	Taxi	\$	Dinner		Meal Adjustment \$
	Miscellaneous (explain)	\$			Breakfast \$
					Dinner \$
	Total (2)		\$	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 (1)		\$ ()
			Balance Due Traveler		\$
			Balance Due Research Foundation (attach check)		\$
Traveler Signature		Date	Project Director Signature		Date
			Operations Manager Signature		Date

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Point of Departure Syracuse				Date: 12/1/23 Time: AM 6:30 PM		Point of Return: Syracuse				Date: 12/6/23 Time: AM PM 10							
Destination and Purpose of Travel: Las Vegas - Travel Conference										<input checked="" type="checkbox"/> Conference <input type="checkbox"/> Foreign Travel							
Relationship to Program R.F. Employee <input checked="" 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 100.00% = \$						
	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% = \$						
	Total Encumbrance								\$		Total Advance (1) \$						
Traveler Signature				Date		Project Director Signature				Date		Operations Manager Signature		Date			
Actual Expenses	Transportation		Other Travel Expenses														
	Common Carrier Airfare		\$ 300		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 5 Rate 69 =		\$ 345		Number of Days								
	Personal Car miles x rate .655		\$		Meal Adjustment:				Lodging		\$ 800						
	Tolls		\$		Breakfast		\$		Meal Allowance		\$						
	Taxi		\$		Dinner		\$		Meal Adjustment								
	Miscellaneous (explain) Registration		\$ 250		Breakfast		\$		Dinner		\$						
	Total (2)		\$ 550		Total (3)		\$ 345		Total (3)		\$ 800.						
	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)				\$ 550.								
Per Diem/Meals and Lodging (3)					\$ 1145.												
Total Expenses					\$ 1695.												
Less Advance (1)					\$ ()												
Balance Due Traveler					\$ 1695.												
				Balance Due Research Foundation (attach check)				\$									
Traveler Signature				Date		Project Director Signature				Date		Operations Manager Signature				Date	

With the exception of meals - receipts and agenda required