

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

Projec	Task Award		Expenditure Type Conference		Organization		Check Electronic			
Requi		Advance	Date		Expense		Date			
	(First, Middle Initial, Last)		Department A	Supplier Site #						
Home Address (Number and Street) City State Zip Co										
Point	of Departure	Date: 1211	of Return:	Date: 12106123 Time: AM (PM) (
Syrucuse Time(AM) 6:30 PM Syrucuse Time: AM (PM) Destination and Purpose of Travel: Las Vegas - Travel Conference Foreign 7										
Relationship to Program R.F. Employee Consultant Lecturer SUNY Employee Other (Explain)										
If Rec	uired, Sponsor has provided				Encumbrance			Advance		
e	Transportation (Common		Encumbrance		-	Advance				
van	Airfare-I	le Receipt		\$ 300·	x 100.00% =		\$ 300.			
e/Ad	Pregistration (All Other)		relude Recei	100°/	0	\$ 250.				
ranc	METHOD I – Per Diem No. of days 5 x Rate		Agenda Regui		\$ 345	x 80%	=	\$276.		
cam	METHOD II Lodging &	Meal Allow	vances		s 800°	x 80%	=	s 640·		
En	,	5 9. 00	Total Encu	ipt	\$	Total Advance		\$1466.		
Trave	ler Signature	Date	Project Director Signature	Date				Date		
*			*							
	Transportation			ther Trave						
	Common Carrier	\$	Departure Date: Time: AM PN	1	Return Date: Time: AM					
	Parking	\$	Method I – Per D	iem	Method II - Lodg			ing and Meals		
nses	Car Rental (justification required)	\$	No. of days Rate	\$	Number of D	ays				
xpe	Personal Car	\$	Meal Adjustment:		Lodging		\$			
Name (First. Home Addro 123 Point of Dep Destination Relationship R.F. If Required, ME No. ME No. ME No. Park Car (just Pers mile Toll: Taxi Misc I hereby cer taken for the above accouportion has this form ar due or reim	Tolls x rate	\$	Breakfast	\$	Meal Allowa	wance \$				
	Taxi	\$	Dinner	\$	Meal Adjustn	Meal Adjustment				
					Breakfast		\$			
	Miscellaneous (explain)	\$			Dinner		\$			
	Total (2)	\$	Total (3)	\$		Total (3)	\$			
	by certify that the above to		Transportation Expenses	(2) \$						
	for the purpose indicated; accounting is accurate; th		Per Diem/Meals and Lodgin	(3) \$						
	n has been paid, except as		Total Expenses		\$					
this form and that the balance indicated is			Less Advance	(1) 5)			
due or reimbursable in accordance with			Balance Due Trav	\$ ation (attach check)						
Research Foundation Travel Policy.			Balance Due Research Found		duction (accused effects)			Deta		
Trave	er Signature	Date	Project Director Signature	Date	Operations M	anager Sig	nature	Date		



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Project			Award 44564		liture Type Aferenc	0	Organization			neck lectronic	
	sition & P.O. Num		Advance	Department HOSP Admin City Suracuse			Expense	Date Supplier # Site #			
	(First, Middle Init										
Home 123	Address (Number	r and Stree	ie ,				Stat	State Date: 214 2			e
Cal	of Departure		Date: 1211 Time: AM:	6:30 PM	Point o	f Return:		e: AM	(PM ($\underline{}$
L	ation and Purpose Onship to Program	15-	Travel	Confe	erence			-		reign Tra	
	R.F. Employee uired, Sponsor has	-	Consultant prior approv		SUN (es)	Y Employe		Explain) []		_
4)		Encumbrance			Advan	C					
Encumbrance/Advance	Transportation (Common Carrier):						\$	x 100.009		3	
e/Ad	Transportation (All Other):						\$	x 80% =		S	
ranc	METHOD I – Per Diem No. of days x Rate						\$	x 80% =		3	
camp	METHOD II – Lodging & Meal Allowances No. of days , Lodging \$, Meal \$						\$	x 80%	= \$	3	
Kn	Total Encumbrance						\$	Total Advance (1)		3	
ravel	er Signature		Date	Project Director	Signature	Dat	e Operations N	lanager Sig	nature	Date	
							el Expenses				
	Common Carrie	r	\$300	Departure Date: Time: AM PM			Return Date: Time: AM PM				
	Parking		\$	Method I – Per Diem			Method II - Lodging and Mea				
nses	Car Rental (justification req	juired)	\$	No. of days	Rate $x = 0$	345	Number of D	lumber of Days			
Expenses	Personal Car	e.655	\$	Meal Adjustm		χ.	Lodging		\$ 80	D	
-	Tolls		\$	Breakfast		\$	Meal Allowa			la construction of the second	
Actu	Taxi		\$	Dinner		\$	Meal Adjusti	nent			
	Miscellaneous (e	explain)	\$250				Breakfast Dinner		\$		-
	Registrat	Total (2)	\$550		Total (3)	\$345		Total (3)	\$ 20	00.	_
here	eby certify that the above trip was			Transportation Expenses				(2)		5().	_
aken for the purpose indicated; that the above accounting is accurate; that no portion has been paid, except as stated on			Per Diem/Meals and Lodging Total Expenses				(3)	\$ 1145.			
							(1) \$		15.	_	
			Less Advance			7					
	his form and that the balance indicated is lue or reimbursable in accordance with			Bala		\$		5.	_		
	rch Foundation						lation (attach che	ck)	\$		_
	er Signature	Tavel 1 o	Date	Project Direct		Dat			nature	Date	_
*				X			7				
141	n the ex	cepti	on of	meals	s-rece	ipts	and ag	enda	re	qui	