



REQUEST AND AUTHORIZATION FOR TRAVEL

Distribution: State: Business Office, Travel Section, AD-512, 7-4660
 Research Foundation: Sponsored Funds Administration, 7-6752
 Binghamton Foundation Funds: Foundation, Accounting Services, AD-225

Today's date _____

Name of traveler _____ Employee completing form _____

Departure point (city, state) _____ Department _____

Destination (city, state) _____ Departure date _____

Employer: State Research Foundation Return date _____

Please check: meeting conference recruiting field trip other (specify) _____

Purpose and details of trip: *(If candidate, indicate position for which candidate is being interviewed.)*

Travel will be by: plane train bus personal car rental car

Air/train authorization number needed? yes no Air/train control number _____

Lodging authorization number needed? yes no Lodging control number _____

Contact person _____ **Telephone number** _____

Terms of reimbursement: *(Please indicate those that apply.)* transportation lodging meals miscellaneous

Support recommended: full allowable reimbursement _____ OR limited to \$ _____

Is a travel advance being requested *(not applicable for non-state employees)*? yes no

If yes, complete **Application for Travel Advance** form. **Please allow two weeks for processing.**

NYS
(fund source only)

NYS
(fund source only)

Research
Foundation

Binghamton Foundation
(account only)

Other

Justification for hotel expense over per diem(if applicable): _____

A P P R O V A L S	_____	Date _____
	<i>(original, signature of traveler)</i>	
	_____	Date _____
	<i>(supervisor/chair of originating dept./office) (not required for principal investigators)</i>	
	_____	Date _____
<i>(dean, when applicable)</i>		
_____	Date _____	
<i>(vice president, when applicable)</i>		
_____	Date _____	
<i>(president, for vice president's travel)</i>		