

TRAVEL PAYMENT REQUEST

Project Number #	Task #	Award #	Expenditure Type	Organization	P.O. Number
Encumbrance	Date	Advance	Date	Expense	Date
Name (First, Middle Init., Last)			Department		
Home Address			City	State	Zip code
Point of Departure	Date	Point of Return	Date		
	Time	a.m. p.m.	Time	a.m. p.m.	
Destination and Purpose of Travel			Attach conference Announcement/brochure		Conference Foreign Travel

Relationship to Program

R.F. Employee
 Consultant
 Lecturer
 SUNY Employee
 Other (Explain)

If required, sponsor has provided prior approval _____ (Yes)

ENCUMBRANCE / ADVANCE	TRANSPORTATION (Common Carrier)	\$ _____ X 100%	= \$ _____	
	TRANSPORTATION (All Other)	\$ _____ X 80%	= \$ _____	
	Registration			
	METHOD I – PER DIEM	\$ _____ X 80%	= \$ _____	
	No. of days _____ X Rate _____			
METHOD II – LODGING AND MEAL ALLOWANCES	\$ _____ X 80%	= \$ _____		
No. of days _____, Lodging \$ _____, Meals \$ _____				
TOTAL ENCUMBRANCE	\$ _____	TOTAL ADVANCE (1)	\$ _____	

Traveler Signature	Date	Project Director Signature	Date	Operations Manager Signature	Date
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TRANSPORT AND OTHER EXPENSES	MEALS AND LODGING	
Common Carrier \$ _____	Departure Date	Return Date
Parking \$ _____	Time a.m. p.m.	Time a.m. p.m.
Car Rental \$ _____	METHOD I – PER DIEM	
(justification required)	No. of Days Rate	METHOD II – LODGING AND MEALS
Personal Car	_____ X _____ = \$ _____	Number of Days \$ _____
Miles _____ X Rate _____ \$ _____		Lodging \$ _____
Tolls \$ _____	MEAL ADJUSTMENT	Meal Allowance (3) \$ _____
Taxi \$ _____	Breakfast \$ _____	MEAL ADJUSTMENT
Other (explain) \$ _____	Dinner \$ _____	Breakfast \$ _____
TOTAL (2) \$ _____	Total (3) \$ _____	Dinner \$ _____
		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 (P.O. No. _____) (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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