



TRAVEL PAYMENT REQUEST

Project	Task	Award	Expenditure Type	Organization	PO Number
Encumbrance		Date	Advance		Date
Expense		Date			
Name (First, Middle Initial, Last)			Department		Social Security Number
Home Address (Number and Street)			City	State	Zip Code
Point of Departure		Date:	Point of Arrival		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)					

Encumbrance/Advance		Encumbrance		Advance
	Transportation (Common Carrier)	\$	x 100% =	\$
	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
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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 Rate	\$	Number of Days	
	Personal Car miles x rate	\$	x =		Lodging	
	Tolls	\$	Meal Adjustment:		Lodging	
	Taxi	\$	Breakfast		Meal Allowance	
	Miscellaneous (explain)	\$	Dinner		Meal Adjustment	
		\$			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 (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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