

Please allow at least TWO weeks for processing of Travel Request.

DATE _____

NO. _____

Registration fees may require additional time to process.

IF TRAVEL ADVANCE IS REQUIRED, PLEASE CHECK THE BOX AT THE RIGHT WITH X AND COMPLETE THE BLOCK BELOW.

(Please notify the Office of Procurement and Travel two weeks prior to the date the Travel Advance is needed.)

Make check payable to: _____

Amount (Not to exceed \$400) \$ -

Date needed _____

Traveler's NYS EmplID (Not S.S.#) N

STATE VEHICLE REQUEST (must be LENS approved):

Request confirmed & initiated by Physical Plant staff _____

(Forward completed form directly to PHYSICAL PLANT - - DO NOT use separate form for vehicle reservations. Physical Plant staff will forward T-1 to the Office of Procurement and Travel after scheduling vehicle.)

Car Minivan 12 Pass. Van

Vehicle pick-up date &/or time if different from Departure date & time _____

I am LENS Approved. Yes No

PERSONAL CAR: (Record estimated number of miles/expenses below.) Prior approval from Account Manager is required.

For Reimbursement of travel expenses, travel data and receipts must be submitted to the Travel Coordinator within 30 days of departure.

TRAVELER _____

DESTINATION _____

PURPOSE OF TRIP (Attach Documentation) _____

DEPARTURE: DATE: _____ TIME: _____ RETURN: DATE: _____ TIME: _____

State Vehicle ONLY. NOT claiming additional expenses.

ESTIMATED EXPENSES:

List Estimated \$ Amounts

*Lodging

No Yes

PLEASE create Purchase Order

PO # _____

Confirmation # _____

I choose to be reimbursed later _____

Nights _____

at \$ -

Hotel information:

Hotel Name: _____

Address: _____ Fed. I.D.: _____

City/State: _____ Zip Code _____

\$ -

*Meals

No Yes

Breakfast

at \$ -

Dinner

at \$ -

\$ -

*Registration/Conference Fee(s)

PLEASE register me and pay fee I have pre-registered w/o payment I have pre-registered/prepaid

Registration Fee information:

Payee: _____ Fed. I.D.: _____

Address: _____ Reg. Fee Amount: \$ -

City/State: _____ Zip Code _____

\$ -

*Personal Car Mileage - Prior approval required.

Estimated mileage _____ at rate \$ 0.555

\$ -

State Vehicle Mileage - Physical Plant approval required.

Account # to be charged

Destination of State Vehicle _____

estimated miles at rate \$ 0.500

\$ -

Airfare

\$ -

*Other (List: i.e. Parking, Tolls, Taxi, etc.)

\$ -

ACCOUNT NO. & NAME _____

TOTAL:

\$ -

Account Manager: Check here if Financial Commitment is not to exceed amount shown

SIGNATURES:

TRAVELER _____

ACCOUNT MANAGER _____

ALL Out-of-State travel also requires the President's signature.