



TRAVEL PAYMENT REQUEST

Project 777777	Task 1	Award 77777	Expenditure Type	Organization	PO Number Project #-01T
Encumbrance	Date	Advance	Date	Expense	Date 12/12/12
Name (First, Middle Initial, Last) John P. Doe			Department		Social Security Number 777-77-7777
Home Address (Number and Street) 10 Penny Lane			City Canton	State NY	Zip Code 13717
Point of Departure Canton		Date: 1/7/13 Time: AM: 7:00 PM	Point of Arrival Washington D.C.		Date: 1/7/13 Time: AM PM 12:00
Destination and Purpose of Travel Washington D.C. Conference (the more details the better) from 1/7/13 to 1/10/13.					<input checked="" 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 checked="" 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	=	\$
	Tolls	\$	Meal Adjustment:		Lodging
	Taxi	\$	Breakfast		\$
	Miscellaneous (explain)	\$	Dinner		\$
Total (2)	\$	Total (3)	\$	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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