



THE RESEARCH FOUNDATION OF SUNY
TAXABLE MEAL PAYMENT REQUEST & AUTHORIZATION FORM

SOCIAL SECURITY NUMBER	LAST NAME	FIRST NAME
EXPENSE DATE	DEPARTURE TIME	RETURN TIME
DESTINATION		

MEAL ALLOWANCE OR REIMBURSEMENT	
BREAKFAST	\$ _____
DINNER	\$ _____
TOTAL	\$ _____

EMPLOYEE'S SIGNATURE DATE

AUTHORIZED SIGNATURE DATE

AUTHORIZED SIGNATURE DATE

ACCOUNT NO.	CATEGORY	EFFECTIVE FROM DATE	EFFECTIVE TO DATE	ACTION CODE
				BB 17

CODED BY: _____ DATE: __/__/__ INPUT BY: _____ DATE: __/__/__

ADMINISTRATIVE INFORMATION

This form is used when claiming a meal allowance payment or reimbursement for *non-overnight* travel. For allowable rates, refer to the Research Foundation's Travel Policy and Addendum.

Payment will be made through the Personnel Administration System (PAS) using payroll transaction "Payroll Manual Adjustment Transaction," PY02. (Refer to the Data Entry/Inquiry Procedures section of the Payroll Manual for an overview of PAS and a description of the PY02 transaction.)

The employee must have an active appointment to the category and account from which the payment will be made. The *effective from* and *to* dates must be within the employee's appointment period and can be any dates within the current or a prior pay period. A general journal entry can be done to transfer funds for payments made to an employee which should have been paid from an account other than the one to which the person is appointed.