



### TRAVEL PAYMENT REQUEST

Project	Task	Award	Expenditure Type	Organization	PO Number	
Encumbrance		Date	Advance	Date	Expense	
Name (First, Middle Initial, Last)			Department		Social Security Number	
Home Address (Number and Street)			City	State	Zip Code	
Point of Departure		Date: Time: AM:            PM	Point of Arrival		Date: 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)						
<b>Actual Expenses</b>	<b>Transportation</b>		<b>Other Travel Expenses</b>			
	Common Carrier	\$	Departure Date: Time:AM            PM		Return Date: Time: AM            PM	
	Parking	\$	<b>Method I – Partial Per Diem, No Lodging Receipt</b>		<b>Method II – Lodging and Meals, Lodging Receipt</b>	
	Car Rental (justification required)	\$	No. of days	Rate	\$	
			x	=		
	Personal Car miles	x rate	\$	Meal Adjustment:		
	Tolls	\$	Breakfast	\$	Meal Allowance	\$
	Taxi	\$	Dinner	\$	Meal Adjustment	
Miscellaneous (explain)	\$			Breakfast	\$	
				Dinner	\$	
<b>Total (1)</b>		\$	<b>Total (2)</b>		\$	
			<b>Total (3)</b>		\$	
<b>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.</b>			Transportation Expenses <sup>(1)</sup>		\$	
			Per Diem/Meals and Lodging <sup>(2) &amp; (3)</sup>		\$	
			Total Expenses		\$	
			<b>Balance Due Traveler</b>		\$	
			<b>Balance Due Research Foundation (attach check)</b>		\$	
Traveler Signature		Date	Project Director Signature		Date	
			Operations Manager Signature		Date	