SPONSORED FUNDS ADMINISTRATION

DIVISION OF RESEARCHState University of New York at Binghamton



TRAVEL PAYMENT REQUEST

													
Project Task		Task	Award		E	Expenditure Type		Organizatio	Organization		P.O.Number		
Encumbrance Date		/	Advance		Date		Expense	Expense		Date			
N	ame (First, Middle Init., La	act)			Depar	tment			1 0	SN			
1 1	ame (i iist, iviidale iiiit., Le	131)			Depai	unent			3,	OIV			
Home Address						City			State	Zip	code		
										'			
Point of Departure Date			e			Point of Re	eturn		Date				
Time		ne.	a.m.		n			Time		ı.m.	p.m.		
Destination and Purpose of Travel				u .iii.	p.r				111110			P.III.	
٦	communion and r dipode of	Traver									nference		
										For	eign Trav	el ———	
R	elationship to Program	D.E. Employe	- 0-		14	an CLINIV	Casalaa	Other (F					
		R.F. Employe	e Cor	nsultant	Lectur	er SUNY	Employee	Other (E	xpiain)				
lf	required, sponsor has pro	ovided prior app	roval	(Yes))								
CUMBRANCE / ADVANCE	TRANSPORTATION (C	ommon Carrier)			\$	X 10	0% = \$					
	TRANSPORTATION (All Other)					\$	X 80	% = \$					
		_											
	METHOD I – PER DIEN No. of days X					\$	X 80	% = \$					
	/ 110. 01 day0 /		-										
	METHOD II – LODGING						% = \$						
	No. of days , Lodging \$, Meals \$												
S	TOTAL ENCUMBRANC				\$		TO	AL ADV	ANCE (1) \$				
ш_		,											
Tı	raveler Signature	Date	Pro	Project Director Signature Date C					Operations Manager Signature Date				
TRANSPORTATION				OTHER EXPENSES									
EXPENSES	Common Carrier	\$	Г	Departure Da	te			Return D	ate				
	Parking	\$		Гіте		0 m	n n	Time		0 m		n m	
	Car Rental	\$				a.m.	p.m	1.		a.m	Į.	p.m.	
	(justification required)			METHOD I –	PER DI	EM				DGING AND I	/IEALS		
Μ̈́	Personal Car		١	No. of Days	Rate			Number	of Days	\$			
ACTUAL EXP	Miles X Rate	\$		· V		= \$		Lodging					
	Tolls	\$		^		– φ		Meal Allo	owance	(3) \$			
	Taxi	\$		MEAL ADJUS	STMENT	Г		MEAL A	DJUSTN	MENT			
	Miscellaneous(Explain)	\$	E	Breakfast	\$_			Breakfas	st	\$			
	Other	\$		Dinner	\$_			Dinner		\$			
	TOTAL	(2) \$	1	Γotal	(3) \$_			Total		(3) \$			
	haraby aartify that th	aa ahaya trir	was to	kan far the	. 1	T	.			(O) (D			
I hereby certify that the above trip was taken for the purpose indicated; that the above accounting is Transportation Expenses Per Diem/Meals and Lodging (3)\$													
a	ccurate; that no port	tion has bee	n paid, e	except as	s Total Expenses			Louging	odging (3)\$				
	tated on this form ar				s	Less Advance (P.O. No) (1)\$							
	ue or reimbursable i oundation Travel Po		e with F	Dalalice Due 11a				ler \$					
						Balance D				dation (attach check)\$			
Traveler Signature Date			e	Project Dire	ector Sig	nature	Date	Operation	s Manag	ger Signature	Date		
PO Box 6000, Binghamton, NY, 13902-6000. Ph: (607) 777-6752.Fax: (607) 777-4354. FORM SFA-12 Revised 6/07/04													