

## TRAVEL PAYMENT REQUEST

Project	Task	Award	Expenditure Type	Organization	P.O. Number
Encumbrance	Date	Advance	Date	Expense	Date
Name (First, Middle Init., Last)			Department	SSN	
Home Address			City	State	Zip code
Point of Departure	Date	Point of Return	Date		
	Time a.m. p.m.		Time a.m. p.m.		
Destination and Purpose of Travel				Conference Foreign Travel	
Relationship to Program					
R.F. Employee    Consultant    Lecturer    SUNY Employee    Other (Explain)					

If required, sponsor has provided prior approval \_\_\_\_\_ (Yes)

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 AND MEAL ALLOWANCES		
	No. of days _____, Lodging \$ _____, Meals \$ _____	\$ _____ X 80%	= \$ _____
	<b>TOTAL ENCUMBRANCE</b>	\$ _____	<b>TOTAL ADVANCE (1) \$ _____</b>

Traveler Signature	Date	Project Director Signature	Date	Operations Manager Signature	Date
--------------------	------	----------------------------	------	------------------------------	------

TRANSPORTATION			OTHER EXPENSES		
ACTUAL EXPENSES	Common Carrier	\$ _____	Departure Date		Return Date
	Parking	\$ _____	Time	a.m. p.m.	Time
	Car Rental	\$ _____			a.m. p.m.
	(justification required)		<b>METHOD I – PER DIEM</b>		<b>METHOD II – LODGING AND MEALS</b>
	Personal Car		No. of Days	Rate	Number of Days
	Miles _____ X Rate _____	\$ _____			\$ _____
	Tolls	\$ _____	_____ X _____ = \$ _____		Lodging
	Taxi	\$ _____			\$ _____
	Miscellaneous(Explain)	\$ _____	<b>MEAL ADJUSTMENT</b>		Meal Allowance (3)
	Other	\$ _____	Breakfast	\$ _____	\$ _____
<b>TOTAL</b>	(2) \$ _____	Dinner	\$ _____		
		Total	(3) \$ _____	<b>MEAL ADJUSTMENT</b>	
				Breakfast	
				\$ _____	
				Dinner	
				\$ _____	
				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
--------------------	------	----------------------------	------	------------------------------	------