

THE RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK TRAVEL PAYMENT REQUEST

F307-1100

PROJECT	TASK	AWARD	EXPENDITURE TYPE	ORGANIZATION	P.O. NUMBER
ENCUMBRANCE	DATE	ADVANCE	DATE	EXPENSE	DATE
NAME: (FIRST, MIDDLE INITIAL, LAST)			DEPARTMENT	SOCIAL SECURITY NUMBER	
HOME ADDRESS: (NUMBER AND STREET)			CITY	STATE	ZIP CODE
POINT OF DEPARTURE	DATE:	POINT OF RETURN		DATE:	
	TIME: AM PM			TIME: AM PM	
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		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% =	\$ _____
	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:		RETURN DATE:	
	Parking \$ _____	TIME: AM PM		TIME: AM PM	
	Car Rental (justification required) \$ _____	METHOD I – PER DIEM		METHOD II – LODGING AND MEALS	
	Personal Car miles _____ X rate _____ \$ _____	No. of days Rate		Number of days _____	
	Tolls \$ _____	_____ X _____ = \$ _____		Lodging \$ _____	
	Taxi \$ _____	MEAL ADJUSTMENT:		Meal Allowance \$ _____	
	Miscellaneous (explain) \$ _____	Breakfast \$ _____		MEAL ADJUSTMENT:	
	TOTAL (2) \$ _____	Dinner \$ _____		Breakfast \$ _____	
		TOTAL (3) \$ _____		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
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