THE RESEARCH FOUNDATION
The State University of New York

TRAVEL PAYMENT REQUEST

Project	Task	Award		Expenditure Type	Organization	PO 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: Time: AM: PM	Point of Arrival Date: 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 & Meal Allowances No. of days _____, Lodging $ _____, Meal $	$	x 80% =	$
	Total Encumbrance $		Total Advance (1)	$

Traveler Signature	Date	Project Director Signature	Date	Operations Manager Signature	Date

	Transportation		**Other Travel Expenses**			
Actual Expenses	Common Carrier	$	Departure Date: Time:AM PM		Return Date: Time: AM PM	
	Parking	$	**Method I – Per Diem**		**Method II – Lodging and Meals**	
	Car Rental (justification required)	$	No. of days Rate x =	$	Number of Days	
	Personal Car miles x rate	$	Meal Adjustment:		Lodging	$
	Tolls	$	Breakfast	$	Meal Allowance	$
	Taxi	$	Dinner	$	Meal Adjustment Breakfast	$
	Miscellaneous (explain)	$			Dinner	$
	Total (2)	$	**Total (3)**	$	**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