

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

F307-1100



PROJECT	TASK	AWARD	EXPENDITURE TYPE	ORGANIZATION	
DEPT. TELEPHONE NUMBER		DEPT. ZIP #		ADVANCE	P.O. NUMBER
NAME: (FIRST, MIDDLE INITIAL, LAST)				SOCIAL SECURITY NUMBER	
HOME ADDRESS: (NUMBER AND STREET)			CITY	STATE	ZIP CODE
POINT OF DEPARTURE		DATE:		POINT OF RETURN	
		TIME: AM PM		DATE: TIME: AM PM	
DESTINATION (COUNTRY, CITY, STATE) AND DESCRIPTION OF TRAVEL					CONFERENCE FOREIGN TRAVEL
RELATIONSHIP TO PROGRAM R.F. EMPLOYEE SUNY EMPLOYEE OTHER (EXPLAIN) _____ IF REQUIRED, SPONSOR HAS PROVIDED PRIOR APPROVAL: YES NO					
			ENCUMBRANCE	ADVANCE	
REGISTRATION			\$ _____ x 100% =	\$ _____	
TRANSPORTATION (Common Carrier)			\$ _____ x 100% =	\$ _____	
TRANSPORTATION (All Other)			\$ _____ x 80% =	\$ _____	
LODGING AND MEAL ALLOWANCES					
No. of days _____, Lodging \$ _____, Meals \$ _____			\$ _____ x 80% =	\$ _____	
			TOTAL ENCUMBRANCE \$ _____	TOTAL ADVANCE (1) \$ _____	
According to Research Foundation Campus Travel Policy, Travel Advances require original supporting documentation and Reconciliation within two weeks following the return date.					
TRAVELER SIGNATURE		DATE	PROJECT DIRECTOR SIGNATURE		DATE
TRANSPORTATION			OTHER TRAVEL EXPENSES		
Common Carrier (airfare, train) \$ _____			METHOD I (unreceipted lodging)		METHOD II (receipted lodging)
Car Rental, Fuel (justification required) \$ _____			No. of days _____ x Rate _____ = \$ _____		No. of days _____ x Rate _____ = \$ _____
Personal Car			MEAL ADJUSTMENT		MEAL ADJUSTMENT
miles _____ x rate _____ \$ _____			Breakfast \$ _____		Breakfast \$ _____
Other			Dinner \$ _____		Dinner \$ _____
Parking _____					Meal Total \$ _____
Tolls _____					
Taxi \$ _____					
Miscellaneous (explain) \$ _____					
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.			Registration \$ _____		
			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