



RESEARCH FOUNDATION TRAVEL PAYMENT REQUEST FORM

FOR INTERNAL RF OFFICE USE ONLY

SUPPLIER INFORMATION		EXPENDITURE TYPE	AMOUNT
Supplier #	<input type="checkbox"/> Lift 1099 Coding	TRV Domestic Travel	
Site #		TRV Foreign Travel	
Inv. Date		CFR Conf Reg Fees	
Invoice #		FPS Participant Travel	

TRAVELER INFORMATION					
PROJECT #:	TASK #:	AWARD #:	ACCOUNT ORGANIZATION:		
FULL NAME (FIRST, MIDDLE INITIAL, LAST):			RELATIONSHIP TO PROGRAM: <input type="checkbox"/> RF EMPLOYEE <input type="checkbox"/> SUNY EMPLOYEE <input type="checkbox"/> INDEPENDENT CONTRACTOR <input type="checkbox"/> OTHER (Please Explain):		
HOME ADDRESS (NUMBER AND STREET):			DEPARTURE LOCATION:	DEPARTURE DATE	DEPARTURE TIME
CITY:	STATE:	ZIP CODE:	RETURN LOCATION:	RETURN DATE	RETURN TIME

DESCRIPTION OF TRAVEL (Attach agenda, program announcement, or brief description of travel):

TRAVEL ADVANCE SECTION			
Please substantiate all requests.		ENCUMBRANCE	Advance Rate
TRANSPORTATION -Common Carrier			x 100%
TRANSPORTATION -All Other			x 80%
METHOD II - LODGING AND MEAL PER DIEMS # of Nights x Lodging Rate			x 80%
# of Days x Meal Per Diem			x 80%
===== O R =====			
METHOD I - PER DIEM # of Days x Per Diem Rate			x 80%
TOTAL ENCUMBRANCE		TOTAL ADVANCE	
TRAVELER SIGNATURE	DATE	PROJECT DIRECTOR SIGNATURE	DATE
OPERATIONAL MANAGER APPROVAL		DATE	

ACTUAL TRAVEL EXPENSES REIMBURSEMENT SECTION			
TRANSPORTATION & OTHER EXPENSES		LODGING & MEAL PER DIEM EXPENSES	
AMOUNT		AMOUNT	
COMMON CARRIER / AIR FARE ect.		METHOD II - ACTUAL LODGING AND MEAL PER DIEMS	
PARKING		# of Nights x Lodging Rate	
TAXI / RIDESHARING		# of Full Days x Meal Per Diem	
PERSONAL CAR MILEAGE		PARTIAL-DAY MEAL PER DIEM	
# of Miles Rate		Breakfast Dinner	
RENTAL CAR Direct Bill? Yes <input type="checkbox"/> No <input type="checkbox"/> (If No)		===== O R =====	
GAS		METHOD I - PER DIEM	
MISCELLANEOUS(Explain)		No. of days x Per Diem Rate	
TOTAL		PARTIAL-DAY MEAL PER DIEM	
		Breakfast Dinner	
		TOTAL AMOUNT	

FINAL EXPENSE TOTALS		I certify that this trip was taken for the purpose indicated; that no portion has been paid, except as stated on this form and that the balance indicated is due in accordance with Research Foundation Travel Policy.	
TRANSPORTATION & OTHER		TRAVELER SIGNATURE	DATE
EXPENSES LODGING & MEAL PER DIEM			
EXPENSES TOTAL EXPENSES			
TOTAL TRAVEL ADVANCE		I certify that this payment is permissible under the terms and conditions of the above referenced award and that funds are available for this purpose.	
BALANCE DUE TO TRAVELER		PROJECT DIRECTOR SIGNATURE	DATE
IF BALANCE IS NEGATIVE, TOTAL IS DUE TO THE RF			

OPERATIONS MANAGER RESEARCH FOUNDATION APPROVAL: