



**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	ADVANCE
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	
		# of Nights _____ x Lodging Rate _____	
PARKING		# of Full Days _____ x Meal Per Diem _____	
TAXI / RIDESHARING		PARTIAL-DAY MEAL PER DIEM	
PERSONAL CAR MILEAGE		Breakfast _____	Dinner _____
# of Miles _____	Rate _____	O R	
RENTAL CAR Direct Bill? Yes <input type="checkbox"/> No <input type="checkbox"/> (If No)		METHOD I - PER DIEM	
		No. of days _____ x Per Diem Rate _____	
GAS		PARTIAL-DAY MEAL PER DIEM	
MISCELLANEOUS(Explain)		Breakfast _____	Dinner _____
		TOTAL AMOUNT _____	
TOTAL			

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: