

The Research Foundation of State University of New York Old Westbury

TRAVEL PAYMENT REQUEST

Project	Task	Award	Expenditure Type	Organization	<input type="checkbox"/> Check	<input type="checkbox"/> Electronic		
Requisition & P.O. Number		Advance Y N	Date	Expense	Date			
Name (First, Middle Initial, Last)			Department	Supplier # Site #				
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:					<input type="checkbox"/> Conference <input type="checkbox"/> Foreign Travel			
Relationship to Program R.F. Employee <input type="checkbox"/> Consultant <input type="checkbox"/> Lecturer <input type="checkbox"/> SUNY Employee <input type="checkbox"/> Other (Explain) <input type="checkbox"/>								
If Required, Sponsor has provided prior approval (Yes)								
Encumbrance/Advance				Encumbrance		Advance		
	Transportation (Common Carrier):			\$	x 100.00% =	\$		
	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		
Actual Expenses	Transportation		Other Travel Expenses					
	Common Carrier	\$	Departure Date: Time: AM PM		Return Date: Time: AM PM			
	Parking	\$	<u>Method I – Per Diem</u>		<u>Method II – Lodging and Meals</u>			
	Car Rental (justification required)	\$	No. of days Rate \$	Number of Days				
	Personal Car miles x rate	\$	Meal Adjustment:		Lodging	\$		
	Tolls	\$	Breakfast	\$	Meal Allowance	\$		
	Taxi	\$	Dinner	\$	Meal Adjustment			
	Miscellaneous (explain)	\$			Breakfast	\$		
				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			(1) \$ ()		
			Balance Due Traveler			\$		
Balance Due Research Foundation (attach check)			\$-					
Traveler Signature		Date	Project Director Signature		Date	Operations Manager Signature Date		

Required Proof of Travel Documentations - Check if applies

- **Flight Tickets**
- **Flight Boarding passes**
- **Train Tickets**
- **Car Rental**
- **Personal Car used (Provide Mileage & Google Map)**
- **Taxi Receipts**
- **Name Badges**
- **Conference Information - Schedules/itinerary**
- **Hotel Booking Receipts**
- **Hotel Final receipts**
- **Meal Receipts**
- **Conference Registration Fees**
- **Other please List Here**