

TRAVEL ADVANCE PAYMENT REQUEST

* Please contact ORSP if you anticipate your lodging costs to be above the CONUS rate.

PROJECT	TASK	AWARD	EXPENDITURE TYPE	ORGANIZATION	AMOUNT
					\$
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					\$
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					\$
NAME: (FIRST, MIDDLE INITIAL, LAST)				SOCIAL SECURITY NUMBER: (only for 1st request)	TOTAL
					\$

HOME ADDRESS: (NUMBER & STREET)	CITY:	STATE:	ZIP CODE:

POINT OF DEPARTURE:	DATE:	TIME:
		<input type="radio"/> AM <input type="radio"/> PM

POINT OF RETURN:	DATE:	TIME:
		<input type="radio"/> AM <input type="radio"/> PM

DESTINATION AND PURPOSE OF TRAVEL

RELATIONSHIP TO PROGRAM	R.F. EMPLOYEE	CONSULTANT	LECTURER	SUNY EMPLOYEE
	OTHER (EXPLAIN)			

IF REQUIRED, SPONSOR HAS PROVIDED PRIOR APPROVAL (YES)

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 \$ _____, Meals \$ _____	\$ _____	X 80% =	\$ _____
TOTAL ENCUMBRANCE	\$ _____	TOTAL ADVANCE (1)	\$ _____

I hereby certify: that the above scheduled trip is solely for the purpose indicated; that the above accounting is accurate; that no portion has been paid by a third party, except as stated on this form; that the balance indicated is due or reimbursable; and that any unused funds will be returned to The Research Foundation, in accordance with Research Foundation Travel Policy.

If seeking reimbursement above the CONUS rate, the Traveler should review and submit the 'Request for Prior Approval of Above-CONUS Limit Reimbursement' request form.

A counter-signature is needed when the Traveler is also the PI. Counter-signatories may be a Co-PI, the Department Chair, Dean, or Associate Provost for Research Development and Administration.

For ORSP Office Use	
TRAVELER SIGNATURE	DATE
PROJECT DIRECTOR SIGNATURE / Counter Signature	DATE
OPERATIONS MANAGER SIGNATURE	DATE