

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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| | | | | | \$ |
| PROJECT | TASK | AWARD | EXPENDITURE TYPE | ORGANIZATION | AMOUNT |
| | | | | | \$ |
| 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: _____
 AM
 PM

POINT OF RETURN: _____ DATE: _____ TIME: _____
 AM
 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 form.

For ORSP Office Use

Vendor #: _____ Vendor Site: _____
 Invoice #: _____
 Invoice Date: _____ Entered Date: _____
 \$ _____ Amount Entered By: _____

| | |
|---------------------------|-------------|
| TRAVELER SIGNATURE | DATE |
| | |

| | |
|-----------------------|-------------|
| ORSP SIGNATURE | DATE |
| | |

A **counter-signature** is needed when the PI is the traveler AND travel is outside the United States. Acceptable signatories include: Co-PI, Department Chair, Dean, or Associate Provost for Research Development and Administration. However, this signatory cannot be a subordinate to the PI, or have a conflict of interest with the PI.

| | |
|---|-------------|
| PROJECT DIRECTOR SIGNATURE / Counter Signature | DATE |
| | |

| | |
|-------------------------------------|-------------|
| OPERATIONS MANAGER SIGNATURE | DATE |
| | |

THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK
TRAVEL REIMBURSEMENT REQUEST (also to be used for reconciliation of Travel Advance)

If you plan to submit a reimbursement request for above-CONUS situations, you MUST have pre approval. The form can be found on the ORSP website: Request for Prior Approval of Actual Expense Allowance (AEA)

[The full Research Foundation for SUNY Travel Policy Handbook can be accessed for more detailed information.
http://www.rfsuny.org/media/RFSUNY/Policies/travel_handbook.pdf](http://www.rfsuny.org/media/RFSUNY/Policies/travel_handbook.pdf)

OVERNIGHT TRAVEL

The destination determines the maximum allowance or reimbursement per diem rate (R.F. Travel Rates - Domestic; R.F. Travel Rates - Foreign). The per diem rate includes an allowance for:

- lodging,
- meals (either breakfast and dinner, or dinner and breakfast, depending on the time of departure), and
- applicable taxes.

Receipts for lodging are mandatory and must contain the following information:

- name of traveler,
- name, address, and telephone number of the lodging establishment,
- number of people in the room,
- rate paid, and
- dates of occupancy.

If lodging is shared, the name(s) of the other employee(s) must be included on the Travel Payment Request form, and each employee must claim only their share of the actual lodging cost. If lodging is shared with a non-employee (i.e., spouse), the employee must document that the rate claimed is the rate for single room occupancy.

Receipts are not required for meals when the traveler is in overnight travel status and eligible for a full meal allowance (a combination of one breakfast and one dinner).

On the day of return the traveler is no longer in overnight travel status; the traveler must present receipts when claiming meal expenses above Non-overnight Meal Payment Allowances.

OVER THE MAXIMUM LODGING RATES

The Research Foundation of SUNY extends to R.F. Operations Managers the authority to approve exceptions to standard travel rates *when deemed appropriate and necessary*. At Oswego, review for pre-approval of over-the-maximum requests *is a firm requirement*.

All such requests (including justification) *must be submitted in writing* to the Operations Manager BEFORE the trip. A signature-approved copy of the request must be attached to the Travel Payment Request form for reimbursements above the CONUS rate to be considered..

MISCELLANEOUS TRAVEL EXPENSES

Necessary local and long distance telephone calls for business purposes are reimbursable when appropriately documented on the Travel Payment Request form. Long distance telephone calls must be supported by listing on the form: name of the party called, place called, date of call, and reason for call. For local calls, only name of the party called and date of call are required.

Travel costs for dependents accompanying the traveler are not reimbursable except when allowed by the sponsor. Written evidence documenting sponsor approval must be attached to the travel payment form in all cases when such costs are claimed.