

**TRAVEL REIMBURSEMENT REQUEST**

(also to be used for reconciliation of Travel Advance)

Award Name:				PI:	
PROJECT	TASK	AWARD	EXPENDITURE TYPE	ORGANIZATION	AMOUNT
					\$
					\$
					\$
NAME: (FIRST, MIDDLE INITIAL, LAST)				SOCIAL SECURITY NUMBER: (only for 1st request)	
				TOTAL \$	
HOME ADDRESS: (NUMBER & STREET)			RELATIONSHIP TO PROGRAM		
			R.F. EMPLOYEE                      SUNY EMPLOYEE CONSULTANT                      LECTURER		
CITY:			STATE:		
			ZIP CODE:		
			OTHER (EXPLAIN) _____		
IF REQUIRED, SPONSOR HAS PROVIDED PRIOR APPROVAL      YES					
POINT OF DEPARTURE (address):		DATE:		POINT OF RETURN (address):	
		TIME:			
DESTINATION AND PURPOSE OF TRAVEL					
1st Day of Grant-Funded Travel:		AM PM		Final Day of Grant-Funded Travel:	
TIME:				TIME:	
<b>TRANSPORTATION</b>			<b>OTHER TRAVEL EXPENSES</b>		
Personal Car			<b>METHOD I - PER DIEM</b>		
\$ _____ miles X rate \$ _____ Common Carrier \$ _____ Parking \$ _____ Car Rental (attach required justification) \$ _____ Tolls \$ _____ Taxi \$ _____ Misc. (attach explanation) \$ _____ Misc. (attach explanation) \$ _____ <b>TOTAL (2)</b>			No. of days      Rate _____ X _____ = \$ _____  MEAL ADJUSTMENT: Breakfast \$ _____ Dinner \$ _____ <b>TOTAL (3) \$ _____</b>		
			<b>METHOD II - LODGING &amp; MEALS</b>		
			No. of days _____ Lodging \$ _____ Meal Allowance \$ _____ MEAL ADJUSTMENT: Breakfast \$ _____ Dinner \$ _____ <b>TOTAL (3) \$ _____</b>		
* For possible reimbursement above the CONUS rate, the Traveler MUST complete the "Request for Prior Approval of Actual Expense Allowance (AEA)" form before travel occurs.					
Transportation Expenses		(2) \$ _____		Vendor #: _____ Vendor Site: _____	
Per Diem/Meals and Lodging		(3) \$ _____		Invoice #: _____	
Total Expenses		\$ _____		Invoice Date: _____ Date: _____	
Less Advance (P.O. # _____)		(1) \$ _____		\$ _____ Amount      Entered By: _____	
<b>Balance Due Traveler</b>		\$ _____			
<b>Balance Due RFSUNY (attach check)</b>		\$ _____			
* I hereby certify that the above trip was taken 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 and that the balance indicated is due or reimbursable in accordance with Research Foundation Travel Policy. (If PI is traveler, see below)					
<b>TRAVELER SIGNATURE</b>			DATE		
<b>PROJECT DIRECTOR SIGNATURE / Counter Signature</b>			DATE		
<b>OPERATIONS MANAGER SIGNATURE</b>			DATE		

\* A counter-signature is needed when the Traveler is also the PI. Acceptable signatories include a 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.

