

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: <small>(only for 1st request)</small>	
HOME ADDRESS: (NUMBER & STREET)				RELATIONSHIP TO PROGRAM R.F. EMPLOYEE SUNY EMPLOYEE CONSULTANT LECTURER OTHER _____ (EXPLAIN) _____	
CITY:	STATE:	ZIP CODE:			
				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:	
TRANSPORTATION			OTHER TRAVEL EXPENSES (use only one method)		
Personal Car \$ _____ miles X rate _____ Common Carrier \$ _____ Parking \$ _____ Car Rental (attach required justification) \$ _____ Tolls \$ _____ Taxi \$ _____ Misc. 1 (attach explanation) \$ _____ Misc. 2 (attach explanation) \$ _____ TOTAL (2) \$ _____			METHOD I - PER DIEM Unreceipted Lodging: To be eligible for a full per diem, the traveler must be eligible for both a breakfast and dinner, and must be in overnight travel status. A per diem is not allowed when overnight lodging is at an official residence of the traveler. Rate _____ X _____ = \$ _____ MEAL Breakfast \$ _____ ADJUSTMENT: Dinner \$ _____ TOTAL (3) \$ _____		
			METHOD II - LODGING & MEALS Receipted Lodging: To be eligible for Method II rates, the traveler must be in overnight status, and the traveler must save and submit valid receipts for lodging expenses. No. of days _____ Lodging \$ _____ Meal Allowance \$ _____ MEAL ADJUSTMENT: Breakfast \$ _____ Dinner \$ _____ TOTAL (3) \$ _____		
* For possible reimbursement above the CONUS rate, the Traveler MUST complete the "Request for Prior Approval of Above-CONUS Limit Reimbursement" form before travel occurs.					
Transportation Expenses (2) \$ _____ Per Diem/Meals and Lodging (3) \$ _____ Total Expenses \$ _____ Less Advance (P.O. # _____) (1) \$ _____ Balance Due Traveler \$ _____ Balance Due RFSUNY (attach check) \$ _____			Vendor #: _____ Vendor Site: _____ Invoice #: _____ Invoice Date: _____ Entered Date: _____ \$ _____ Amount Entered By: _____		
* 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)					
TRAVELER 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.			ORSP SIGNATURE (Maria Nakamura)		
			DATE		
PROJECT DIRECTOR SIGNATURE / Counter Signature			DATE		
			OPERATIONS MANAGER SIGNATURE (Nick Lyons)		
			DATE		

The Research Foundation for SUNY
Attachment to travel Payment Request Form

(The front of this form must also be filled out and signed)

Name	Address
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Project	Award	Task	
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Purpose of Travel

Date <small>DD/MM/YY</small>	Between What Points		Tolls	Hour of Departure	Hour of Arrival	Miles Traveled
	From	To				
				A.M. P.M.	A.M. P.M.	
				A.M. P.M.	A.M. P.M.	
				A.M. P.M.	A.M. P.M.	
				A.M. P.M.	A.M. P.M.	
				A.M. P.M.	A.M. P.M.	
				A.M. P.M.	A.M. P.M.	
				A.M. P.M.	A.M. P.M.	
				A.M. P.M.	A.M. P.M.	
				A.M. P.M.	A.M. P.M.	
				A.M. P.M.	A.M. P.M.	
				A.M. P.M.	A.M. P.M.	
				A.M. P.M.	A.M. P.M.	
				A.M. P.M.	A.M. P.M.	
				A.M. P.M.	A.M. P.M.	
				A.M. P.M.	A.M. P.M.	
				A.M. P.M.	A.M. P.M.	
				A.M. P.M.	A.M. P.M.	
				A.M. P.M.	A.M. P.M.	
				A.M. P.M.	A.M. P.M.	

Total Tolls:	Total Miles:
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I hereby certify that the travel indicated was necessary and on official business of the Research Foundation for SUNY	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">Signature of Traveler</td> <td style="width: 40%; text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">Date</td> </tr> </table>	Signature of Traveler	Date
Signature of Traveler	Date		

RF Traveler's Responsibilities After a Trip

After the end of the trip, within a reasonable time, the traveler should document the actual costs of the trip. The traveler should submit a final travel payment request form. SUNY travel forms should not be used.

The form must include the business purpose and the duration of the trip as well as the details of the actual expenses incurred. For further details about each type of expense, contact ORSP 312-2888 or orsp@oswego.edu

Final Signature : The traveler's signature on the completed travel form is certification that the trip was taken for the indicated purposes, that the accounting is accurate and that allowances and reimbursements are calculated in accordance with this travel guide.

Final Receipts : The traveler must attach original receipts for all expenses claimed on the travel form, except for those items outlined in the Travel Guide for which receipts are not necessary. See individual sections of this guide for details on each type of expense. Justification and explanation, if required, must be attached to the form.