

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

Req#

Date

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 CONSULTANT OTHER _____ (EXPLAIN) _____			SUNY EMPLOYEE LECTURER	
CITY:		STATE:	ZIP CODE:	IF REQUIRED, SPONSOR HAS PROVIDED PRIOR APPROVAL YES			
POINT OF DEPARTURE (address):		DATE:	POINT OF RETURN (address):		DATE:		
		TIME:			TIME:		
DESTINATION AND PURPOSE OF TRAVEL							
1st Day of Grant-Funded Travel:			AM	Final Day of Grant-Funded Travel:			AM
TIME:			PM	TIME:			PM
TRANSPORTATION			OTHER TRAVEL EXPENSES (use only one method)				
Personal Car			* 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.				
\$	_____	miles X rate	METHOD I - PER DIEM		METHOD II - LODGING & MEALS		
\$	_____	Common Carrier	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.		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.		
\$	_____	Parking	Rate _____ X _____ = \$ _____		No. of days _____		
\$	_____	Car Rental (attach required justification)	MEAL Breakfast \$ _____		Lodging \$ _____		
\$	_____	Tolls	ADJUSTMENT: Dinner \$ _____		Meal Allowance \$ _____		
\$	_____	Taxi	TOTAL (3) \$ _____		MEAL ADJUSTMENT: Breakfast \$ _____		
\$	_____	Misc. 1 (attach explanation)			Dinner \$ _____		
\$	_____	Misc. 2 (attach explanation)			TOTAL (3) \$ _____		
\$	_____	TOTAL (2)					
Transportation Expenses (2) \$ _____			Vendor #: _____		Vendor Site: _____		
Per Diem/Meals and Lodging (3) \$ _____			Invoice #: _____		Date: _____		
Total Expenses \$ _____			Invoice Date: _____		Entered By: _____		
Less Advance (P.O. # _____) (1) \$ _____			\$ _____ Amount				
Balance Due Traveler \$ _____							
Balance Due RFSUNY (attach check) \$ _____							
* 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				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 DD/MM/YY	Between What Points		Tolls	Hour of Departure	Hour of Arrival	Miles Traveled
	From	To				
				A.M.	A.M.	
				P.M.	P.M.	
				A.M.	A.M.	
				P.M.	P.M.	
				A.M.	A.M.	
				P.M.	P.M.	
				A.M.	A.M.	
				P.M.	P.M.	
				A.M.	A.M.	
				P.M.	P.M.	
				A.M.	A.M.	
				P.M.	P.M.	
				A.M.	A.M.	
				P.M.	P.M.	
				A.M.	A.M.	
				P.M.	P.M.	
				A.M.	A.M.	
				P.M.	P.M.	
				A.M.	A.M.	
				P.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	_____ Signature of Traveler	_____ Date
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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.