

THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK  
**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 \$
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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

TRANSPORTATION	OTHER TRAVEL EXPENSES	
	METHOD I - PER DIEM	METHOD II - LODGING & MEALS
Common Carrier \$ _____	1st Day of Grant-Funded Travel: TIME: <input type="radio"/> AM <input type="radio"/> PM	Final Day of Grant-Funded Travel TIME: <input type="radio"/> AM <input type="radio"/> PM
Parking \$ _____	No. of days _____ Rate _____ _____ X _____ = \$ _____	No. of days _____ Lodging \$ _____
Car Rental (attach required justification) \$ _____	MEAL ADJUSTMENT: Breakfast \$ _____	Meal Allowance \$ _____
Personal Car miles _____ X rate _____ \$ _____	Dinner \$ _____	MEAL ADJUSTMENT: Breakfast \$ _____
Tolls \$ _____	<b>TOTAL (3) \$ _____</b>	Dinner \$ _____
Taxi \$ _____	* 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.	
Misc. (attach explanation) \$ _____		
Misc. (attach explanation) \$ _____		
<b>TOTAL (2) \$ _____</b>		

Transportation Expenses	(2)	\$ _____
Per Diem/Meals and Lodging	(3)	\$ _____
Total Expenses		\$ _____
Less Advance (P.O. # _____)	(1)	\$ _____
<b>Balance Due Traveler</b>		\$ _____
<b>Balance Due Research Foundation (attach check)</b>		\$ _____

For ORSP Office Use

<b>ORSP SIGNATURE</b>	DATE
<b>OPERATIONS MANAGER SIGNATURE</b>	DATE

\* 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

\* 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.

**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

Project \_\_\_\_\_ Award \_\_\_\_\_ Task \_\_\_\_\_

Purpose of Travel \_\_\_\_\_

Date	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.	
				A.M.	A.M.	
				P.M.	P.M.	

**Total Tolls:** \_\_\_\_\_

**Total Miles:** \_\_\_\_\_

I hereby certify that the travel indicated was necessary and on official business of the Research Foundation for SUNY

\_\_\_\_\_  
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.