

# TRAVEL FORM

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The Research Foundation of SUNY

RF PURCHASING

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Project #	Task #	Award #	TRV TRAVEL	Organization	Date
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Traveler's Name:

Traveler's Address:

City: State: Zip Code:

Departing From: Date: Time: am/pm Returning From: Date: Time: am/pm

Destination and Purpose of Travel:

**ADVANCE REQUEST**

Transportation	Projected \$ x 100%		Advance \$
Registration	\$	X 100%	\$
Lodging and Meal Allowance	\$	X 80%	\$
<i>No of days ----- Lodging \$-----Meal \$</i>	\$	<b>TOTAL</b>	\$

Traveler Signature Date: PI Signature Date:

**ACTUAL EXPENSES**

TRANSPORTATION EXPENSES		HOTEL/PER DIEM EXPENSES		
Common Carrier	\$	Number of Days	*	
Parking	\$	Lodging		\$
Car Rental (Justification Required)	\$	Meal allowance	per diem rate = \$	\$=
Personal Car (miles ___ x rate ___)	\$	Meal adjustment	Date: Breakfast	\$
Tolls	\$		Date: Dinner	\$
Taxi	\$	Registration Fee		\$
Other (explain)	\$	Other (explain)		\$
<b>TOTAL TRANSPORTATION EXPENSES</b>	<b>\$</b>	<b>TOTAL HOTEL/PERDIEM EXPENSES</b>		<b>\$</b>

Use this space for justifications and explanations as necessary

I hereby certify that the above trip was taken for the purpose indicated; that the above accounting is accurate; that no portion has been paid, except as stated on this form and the balance indicated is due or reimburseable in accordance with RF travel policy	<b>TOTAL EXPENSES</b>		\$
	<b>LESS ADVANCE (if applicable)</b>		\$-
	<b>BALANCE DUE TRAVELER</b>		\$
Traveler Signature	Date:	<b>BALANCE DUE RF (attach check made payable to RF of SUNY)</b>	
PI Signature	Date:	PI Name (print)	Date:
Other approval as required	Date:	Fiscal Designee Signature	Date: