



THE RESEARCH FOUNDATION

The State University of New York

Amt of Airfare	\$ _____	<u>Date Reservation Booked:</u>
Plus \$28.00 ticket charge	\$ _____	
Total	\$ _____	_____

TRAVEL RESERVATION REQUEST

Traveler's Name _____

Home Phone _____ Office Extension: _____

E-mail Address _____

Destination: City _____ State _____ Airport _____

Frequent Flyer # _____ Airline _____ Seating _____

Bill To: Project _____ Task _____ Award _____

160-Organization _____

Departure from Buffalo: Date _____ @ _____ AM or _____ PM

Departure from (Other city): Date _____ @ _____ AM or _____ PM

DESTINATION: _____

PURPOSE OF TRIP: _____

Date: _____ Time: _____ AM _____ PM _____

Date: _____ Time: _____ AM _____ PM _____

Date: _____ Time: _____ AM _____ PM _____

Date: _____ Time: _____ AM _____ PM _____

We will bill your project directly for all charges. Please be advised there is a \$28 charge for issued tickets and a \$100 charge for any changes to non-refundable tickets. Forms may be faxed to 878-4039, delivered to BI-28, or emailed to syracusl@rf.buffalostate.edu. Please submit the completed form as soon as possible to ensure seat availability & the lowest fare possible. If you have any questions, please call me at 878-4144.

Traveler's Signature

Project Director's Signature