Date

Req#

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

Award Name:									PI:				
PROJECT	TASK	ΑV	VARD	EXPE	NDITURE TY	PE			ORGANIZ	ZATION	AMOUNT		
											\$		
											\$		
											\$		
NAME: (FIRST, M	IIDDLE INITIAL, L	AST)								SECURITY NUMBER:	TOTAL		
									(only fo	or 1st request)	\$		
HOME ADDRESS	S: (NUMBER & ST	REET))			RELA			O PROGRAI		Ψ		
								EMPL SULT	OYEE ANT	SUNY EM LECTURE			
CITY:			STATE:	Z	ZIP CODE: OTHER (EXPLA								
						IF RE	•	,		S PROVIDED PRIOR AI	PPROVAL	YES	
POINT OF DEPAI	RTURE (address)			DATE	:	POIN	T OF F	RETUR	N (address)	:	DATE:		
TIME				TIME	:		1					TIME:	
DESTINATION AN	VID DI IDDOSE OE	TD A \/	/⊏I										
DESTINATION AI	ND PURPOSE OF	TRAV	EL										
1st Day of							1	Final [)av of			AM	
Grant-Funded Travel:			TIME:			AM PM		Grant-F	unded	TIME	i:	PM	
Havel.	TRANSPORTA	TION	I IIVIC.						OTHER TRA	AVEL EXPENSES (use	only one metho		
	Personal Ca	r							ove the CONUS rate, the Traveler MUST complete th ove-CONUS Limit Reimbursement" form <u>before</u> trave				
\$	mil		X rate			IETHOD I							
¢			ATALE		Unreceipted Lodging: To be eligible for				full per	Receipted Lodging: To b	Receipted Lodging: To be eligible for Method II rates, the traveler must be in overnight status, and the		
\$Common Carrier					diem, the traveler must be eligible for breakfast and dinner, and must be in				in a ernight	traveler must save and s	vernight status, an submit valid receip	ts for	
\$ Parking				travel status. A per diem is n	ot allowed	when c	vernigh	t lodging is	lodging expenses.				
\$ Car Rental (attach required justification)				1)	at an official residence of the traveler.					No. of days			
\$Tolls				Rate						Lodging \$			
\$Taxi					X=\$					Meal /	Allowance \$		
\$Misc. 1 (attach explanation)					Breakfast \$					MEAL	Breakfast \$		
\$Misc. 2 (attach explanation)				MEAL ————————————————————————————————————					ADJUSTMENT:	Dinner _{\$}			
\$TOTAL (2)			TOTAL (3) \$					TOTAL	(3) \$				
Transportation E	vnonece				(2) \$.,	endor #:	Ver	dor		
•	•				(3) \$				voice #:	Site	e:		
Per Diem/Meals and Lodging Total Expenses				\$				voice #		Date:	-		
•	P.O. #)		(1) \$				\$	Amount	By:		
,	_												
	Bala	nce Du	ie Traveler		\$			_					
	Bala	nce Du	ıe RFSUNY (a	ittach (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, exceptorm and that the balance indicated is due or reimbursable in accordance with								nis					
Foundation Travel Policy. (If <u>Pl</u> is traveler, see below)						ilii ixeseai	.cocatoti						
TRAVELER SIGNATURE				DATE									
+∆ counter-cianet	ra is needed when t	he Di ic	the travelor AND) traval	is outside the Us	nited States			ORSP SIGN	ATURE (Maria Nakamu	ra)	DATE	
*A counter-signature is needed when the PI is the traveler AND travel is outside the UI Acceptable signatories include: Co-PI, Department Chair, Dean, or Associate Provost						or Researc							
Development and Administration. However, this signatory cannot be a suborc conflict of interest with the PI.					subordinate to t	he PI, or ha							
PROJECT DIRECTOR SIGNATURE / Counter Signature				re		DATE			OPERATIONS MANAGER SIGNATURE			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	(The front of this form must also be filled out and signed) SS SP PP PP PP PP PP PP PP PP											
Project		Award	Task									
Purpose of Travel												
	Between W	/hat Paints	Hour of	Hour of	ır of Miles							
Date DD/MM/YY	From	To	Tolls	Departure	Arrival	Traveled						
DD/IVIIVI/TT	110111	10	1013	A.M.	A.M.	Traveled						
				P.M.	P.M.							
				A.M.	A.M.							
				P.M. A.M.	P.M. A.M.							
					P.M.							
				P.M.								
				A.M.	A.M.							
				P.M. A.M.	P.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. P.M.	A.M. P.M.							
				A.M.	A.M.							
				P.M. A.M.	P.M. A.M.							
				P.M.	P.M.							
				A.M.	A.M.							
				P.M. A.M.	P.M. A.M.							
				P.M.	P.M.							
				1								
		Total Tolls:	Total Miles:									
was necessa	fy that the travel indicated ry and on official business rch 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.