

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			
DATE				DATE			

