



RESEARCH FOUNDATION, UNIVERSITY AT ALBANY TRAVEL PAYMENT REQUEST FORM

VOUCHER NUMBER: _____

PROJECT #:	TASK #:	AWARD #:	ACCOUNT ORGANIZATION: 010		
FULL NAME (FIRST, MIDDLE INITIAL, LAST):			RELATIONSHIP TO PROGRAM: <input type="checkbox"/> RF EMPLOYEE <input type="checkbox"/> SUNY EMPLOYEE <input type="checkbox"/> INDEPENDENT CONTRACTOR <input type="checkbox"/> OTHER (Please Explain): _____		
HOME ADDRESS (NUMBER AND STREET):			POINT OF DEPARTURE:	DATE: (mm/dd/yyyy format)	
CITY:			STATE:	ZIP CODE:	POINT OF RETURN:
				TIME (hh:mm):	<input type="checkbox"/> AM <input type="checkbox"/> PM
				DATE: (mm/dd/yyyy format)	
				TIME (hh:mm):	<input type="checkbox"/> AM <input type="checkbox"/> PM
DESCRIPTION OF TRAVEL (Attach agenda, program announcement, or brief description of travel) :					

TRAVEL ADVANCE SECTION					
Please substantiate all requests.			ENCUMBRANCE	ADVANCE	
TRANSPORTATION -Common Carrier			_____	_____	
TRANSPORTATION -All Other			_____	_____	
METHOD I - PER DIEM					
No. of days _____	Per Diem Rate _____		_____	_____	
METHOD II - LODGING AND MEAL PER DIEMS					
No. of days _____	Lodging Rate _____		_____	_____	
No. of days _____	Meal Per Diem _____		_____	_____	
TOTAL ENCUMBRANCE				TOTAL ADVANCE	
TRAVELER SIGNATURE	DATE	PROJECT DIRECTOR SIGNATURE	DATE	RESEARCH FOUNDATION APPROVAL	DATE

FINAL TRAVEL REIMBURSEMENT SECTION					
TRANSPORTATION & OTHER EXPENSES			LODGING & MEAL PER DIEM EXPENSES		
Original receipts required.			AMOUNT	AMOUNT	
AIR FARE			_____	METHOD I - PER DIEM	
TRAIN			_____	No. of days _____ x Per Diem Rate _____	
RENTAL CAR (Justification Required)			_____		
PERSONAL CAR MILEAGE			_____	METHOD II - ACTUAL LODGING AND MEAL PER DIEMS	
# of Miles _____	Rate _____		_____	No. of days _____ x Lodging Rate _____	
			_____	No. of days _____ x Meal Per Diem _____	
CONFERENCE REGISTRATION			_____	MEAL ADJUSTMENT	
OTHER MISCELLANEOUS			_____	Breakfast _____	Dinner _____
TOTAL			_____	Date _____	Date _____

FINAL EXPENSE TOTALS			I certify that this trip was taken for the purpose indicated; that no portion has been paid, except as stated on this form and that the balance indicated is due in accordance with Research Foundation Travel Policy.		
TRANSPORTATION & OTHER EXPENSES			TRAVELER SIGNATURE		
LODGING & MEAL PER DIEM EXPENSES			DATE		
TOTAL EXPENSES			I certify that this payment is permissible under the terms and conditions of the above referenced award and that funds are available for this purpose.		
LESS TRAVEL ADVANCE PO Number: _____			PROJECT DIRECTOR SIGNATURE		
BALANCE DUE TO TRAVELER			DATE		
BALANCE DUE TO RESEARCH FOUNDATION			DATE		
MAILBACK TO (OPTIONAL) Name and Campus Address: Please attach a copy of this form if requesting mailback.			Only if applicable - If traveler is also the PI, PI's supervisor signs below. I certify this trip was taken and is related to the traveler's work or grants. SUPERVISOR SIGNATURE		

FOR INTERNAL RF OFFICE USE ONLY					
SUPPLIER INFORMATION		EXPENDITURE TYPE	AMOUNT	RESEARCH FOUNDATION APPROVAL	
Supplier #	_____	TRV Domestic Travel	_____	RF Signature:	Date:
Site#	_____	TRV Foreign Travel	_____	Secondary RF Signature:	Date:
Inv. Date	_____	CFR Conf Reg Fees	_____	Input:	Date:
Invoice#	_____	FPS Participant Travel	_____		
<input type="checkbox"/> Lift 1099 Coding					