



Account Manager:

Campus Address:

Phone Number:

University at Albany Enterprise Requisition for Payment

Date

Project/Task/
Award

Trip Information

Traveler's
Name

Relationship to Project (Check one below)

RF Employee SUNY Employee

Consultant Other (Explain)

Point of Departure: Date of Departure:

Point of Return Date of Return:

Destination

Purpose of
Travel

Justification
for Rental Use

I certify that the trip was taken for the purpose indicated and the charges due are in accordance with Research Foundation Travel Policy.

Traveler's Signature:

I certify that this payment is permissible under the terms and conditions of the above reference award and that funds are available for this purpose.

Project Director Signature:
