



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

FINAL EXPENSE TOTALS			
TRANSPORTATION & OTHER EXPENSES			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. TRAVELER SIGNATURE _____ DATE _____
LODGING & MEAL PER DIEM EXPENSES			
TOTAL EXPENSES			
LESS TRAVEL ADVANCE PO Number: _____			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. PROJECT DIRECTOR SIGNATURE _____ DATE _____
BALANCE DUE TO TRAVELER			
BALANCE DUE TO RESEARCH FOUNDATION			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 _____ DATE _____
MAILBACK TO (OPTIONAL) Name and Campus Address: _____ Please attach a copy of this form if requesting mailback.			

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					
					Rev 1/21/20.