

**SUNY NEW PALTZ VOUCHER
PREPAID AIRFARE REIMBURSEMENT**

VOUCHER # _____ (A/P ONLY)

DESTINATION: _____

REQUISITION# _____

AMOUNT: _____

DEPARTURE DATE: _____

DATE: _____

NAME: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

Attached is my completed and signed travel requisition for my business trip. I purchased my airline ticket with my personal funds in advance of my travel so that I could obtain lower-priced airfare and save the campus money. I have enclosed the airfare receipt indicating method of payment for the trip.

Accordingly, I am requesting reimbursement for the cost of my airfare at this time.

Prepayment request must be received 30 days prior to travel date.

TRAVELER'S SIGNATURE

DATE