

Req. # _____

Date _____

Acct. # _____

Dept. _____

Travel Requisition

Purchasing / State University of New York at New Paltz

ALL REQUISITIONS MUST BE LEGIBLE. ILLEGIBLE REQUISITIONS WILL BE RETURNED, UNPROCESSED. Forward original, signed copy to the Purchasing office. Please make a copy for your records when you submit.

All requests for travel must be forwarded on this form. Refer to www.newpaltz.edu/ap for regulations which govern travel. Travel advances will be issued only for overnight travel between \$100 and \$400.

Name _____
Last First MI Social Security Number _____

Title _____ Bldg./Rm. _____ Phone _____

Purpose of Travel (please attach copy of notification or conference program.): _____

Destination (City, State) _____ Departure _____
Date Time

TRAVEL ADVANCE REQUESTED: YES NO Return _____

IF TRAVEL ADVANCE IS REQUESTED, ATTACH COMPLETED TRAVEL ADVANCE APPLICATION.

ANTICIPATED EXPENDITURES

Transportation: Airfare (4215) Train (4225) _____ \$

Per Diem Allowance/ Lodging (4204) _____ days @ \$ _____ / day = \$ _____

Per Diem Allowance/ Meals (4201) _____ days @ \$ _____ / day = \$ _____

Meals only (4201) _____ breakfasts @ \$ _____ / day = \$ _____

_____ dinners @ \$ _____ / day = \$ _____

Registration \$ _____ (5003) Alternate Attendee: _____ = \$ _____

Personal Car Mileage (4300) _____ miles @ \$ _____ /mile = _____ = \$ _____

List All Incidental Expenses (e.g.; parking, tolls, gas, taxi, bus, etc.) (4002) _____ = \$ _____

_____ = \$ _____

TOTAL = \$ _____

INDICATE ALL **ADVANCE PAYMENTS** TO BE PAID DIRECTLY BY ACCOUNTS PAYABLE Registration Lodging Other

NOTE: If prepayment of lodging is required by host/hotel, only one night's lodging will be prepaid. If prepayment of registration fee is required, an alternate attendee must be listed. It is the responsibility of the traveller to submit the registration form to the host organization. Accounts Payable will process the check only.

APPROVED

Traveller

Department Chair or Supervisor

Dean, if required

Vice- President for Administration (out-of-state-travel)

Encumbered by _____ Amount _____ Date _____