

OVERNIGHT TRAVEL REIMBURSEMENT

(For Travel Advances - use the OVERNIGHT TRAVEL ADVANCE form)

A - TRAVELER INFORMATION

First Name: _____	MI: _____
Last: _____	
Home Address - Number and Street: _____	
_____ State: _____	
_____ Zip Code: _____	
<input type="checkbox"/> RF Employee <input type="checkbox"/> SUNY Employee <input type="checkbox"/> SUNY New Paltz Student <input type="checkbox"/> Other (explain) _____	
Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> Electronic Funds	
FOR OSP USE ONLY:	
Site #: _____	Supplier #: _____

B - AWARD INFORMATION

Award: _____
Project: _____
Task: _____
Exp. Type: _____
Org. Type: 210
Req/PO #: _____
If required, Sponsor has provided prior approval: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain) _____
Comments/Special Handling Requests: _____

C - TRIP DETAILS

DEPARTURE	
Point of Departure: _____	
Date: _____	
Time: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM
Destination: _____	
Purpose of Travel: _____	
Check all that apply: <input type="checkbox"/> Foreign Travel <input type="checkbox"/> Domestic Travel	
RETURN	
Point of Return: _____	
Date: _____	
Time: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM

E - CERTIFICATION AND APPROVAL

I hereby certify that the above trip was taken for the purpose indicated and expenses are in accordance with Research Foundation Travel Policy; that the above accounting is accurate; that expenses included are necessary, reasonable, and of benefit to the project; that no portion has been paid, except as stated on this form and that the balance indicated is due or reimbursable; **that, if this is a federal or state sponsored fund or if expressly prohibited by the sponsor, no charges for alcohol are included.**

Traveler Signature _____	Date _____
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D - TRANSPORTATION EXPENSES

Personal Car	Enter number of miles driven: _____									
	Federal standard mileage rate: \$ 0.67									
	Miles X Rate: _____	\$ _____								
Parking: _____										
Tolls: _____										
Airline Carrier (<i>Fly America Act applies</i>): _____										
Taxi: _____										
Car Rental (<i>attach required justification</i>): _____										
Train/Light Rail/Bus/Ferry: _____										
Miscellaneous (explain): _____										
LODGING Number of Nights: _____										
Unreceipted - Per Diem Rate per Night: _____										
Receipted Lodging (enter total): _____										
MEALS - PER DIEM										
# of Full Days: _____	Daily PD Rate: _____									
# of Breakfasts: _____	Amount/meal: _____									
# of Dinners: _____	Amount/meal: _____									
<table style="width: 100%;"> <tr> <td style="width: 60%;">Total Transportation Expenses: \$ _____</td> <td></td> </tr> <tr> <td>Less Advance (enter as negative number): \$ _____</td> <td></td> </tr> <tr> <td>Total Reimbursement Request (due Traveler): \$ _____</td> <td></td> </tr> <tr> <td>Balance due Research Foundation (attach check): _____</td> <td></td> </tr> </table>			Total Transportation Expenses: \$ _____		Less Advance (enter as negative number): \$ _____		Total Reimbursement Request (due Traveler): \$ _____		Balance due Research Foundation (attach check): _____	
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Total Reimbursement Request (due Traveler): \$ _____										
Balance due Research Foundation (attach check): _____										

F - REVIEWED AND APPROVED

Principal Investigator/Project Director Signature _____	Date _____	Operations Manager Signature _____
		Date _____