



SUNY New Paltz - Office of Sponsored Programs

# OVERNIGHT TRAVEL REIMBURSEMENT

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

A - TRAVELER INFORMATION

First Name:

MI:

Last:

Home Address - Number and Street:

City:

State:

Country, if not U.S.:

Zip Code:

Check all that apply: ☐ RF Employee ☐ SUNY Employee

☐ SUNY New Paltz Student ☐ Other (explain)

Payment Method: ☐ Check ☐ Electronic Funds

FOR OSP USE ONLY:

Site #:

Supplier #:

B - AWARD INFORMATION

Award:

Project:

Task:

Exp. Type:

Org. Type:

Req/PO #:

If required , Sponsor has provided prior approval:

☐ Yes ☐ No (explain)

Comments/Special Handling Requests:

C - TRIP DETAILS

DEPARTURE

Point of Departure:

Date:

Time:

☐ AM ☐ PM

Destination:

Purpose of Travel:

Check all that apply: ☐ Foreign Travel ☐ Domestic Travel

RETURN

Point of Return:

Date:

Time:

☐ AM ☐ 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

D - TRANSPORTATION EXPENSES

Personal Car	Enter number of miles driven: <input type="text"/>	
	Federal standard mileage rate: \$ <input type="text"/>	
	Miles X Rate: <input type="text"/>	\$ <input type="text"/>

Parking:

Tolls:

Airline Carrier (Fly America Act applies ):

Taxi:

Car Rental (attach required justification) :

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:

Total Transportation Expenses: \$

Less Advance (enter as negative number): \$

Total Reimbursement Request (due Traveler): \$

Balance due Research Foundation (attach check):

F - REVIEWED AND APPROVED

Principal Investigator/Project Director Signature

Date

Post Award Director

Date

OSP - Eff: 4/14/2025, until amended