



The Research  
Foundation for  
The State University of New York

SUNY New Paltz - Office of Sponsored Programs

# OVERNIGHT TRAVEL ADVANCE

(After travel complete - use the OVERNIGHT TRAVEL REIMBURSEMENT form to reconcile Expenses with ADVANCE)

Must be submitted no less than **10 business days** prior to the travel start date.

## 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: <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	
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 will be taken for the purpose indicated and will be taken in accordance with Research Foundation Travel Policy; that Advance funds requested are necessary, reasonable, and of benefit to the project; that the above accounting is accurate; that no portion has been paid, except as stated on this form; **that, if this is a federal or state sponsored fund or if expressly prohibited by the sponsor, no charges for alcohol will be purchased using Advanced funds.**

Traveler Signature _____	Date _____
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## D - ADVANCE - 80% OF EXPENSES (except as noted)

Personal Car	Enter estimated number of miles: _____	
	Federal standard mileage rate: \$ _____	
	Miles X Rate: \$ _____	
Parking: _____		
Tolls: _____		
Airline Carrier ( <i>Fly America Act applies</i> ) (100%): _____		
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 (unreceipted)		
# of Full Days: _____	Daily PD Rate: _____	
# of Breakfasts: _____	Amount/meal: _____	
# of Dinners: _____	Amount/meal: _____	
Total Transportation Expenses: \$ _____		
Expenses Advanced at 80%: \$ _____		
Expenses Advanced at 100%: \$ _____		
Total Advance (funds will be encumbered): \$ _____		

## F - REVIEWED AND APPROVED

Principal Investigator/Project Director Signature _____	Date _____	Post Award Director Signature _____	Date _____
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OSP - Eff: 4/14/2025, until amended