

TRAVEL ADVANCE REQUEST



The Research Foundation of SUNY

RF PURCHASING PHONE: (716) 878-5371 FAX (716) 878-4039



FORMS MUST BE TYPED

Project	Task	Award	Expenditure Type	Organization

Traveler Information

Legal Name:		Email:	
Permanent Address:			
City:		State:	
		Zip Code:	

Departure Information

From:		Date:		Time:		<input type="checkbox"/> am <input type="checkbox"/> pm
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Return Information

From:		Date:		Time:		<input type="checkbox"/> am <input type="checkbox"/> pm
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Destination and Purpose of Travel:	
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ADVANCE REQUEST	AMOUNT	RATE	ADVANCE CALCULATION
Transportation	\$	X 100%	\$
Registration	\$	X 100%	\$
Lodging Allowance*	X No of days	X 80%	\$
Meal Allowance*	X No of days	X 80%	\$

* Allowances per schedule @www.gsa.gov

TOTAL Cash Advance = \$

Certification: I certify that I have requested this advance amount in accordance with Research Foundation Travel Policy, that the travel is necessary to the award and for the purpose indicated. Further I understand that I will be expected to submit a Final Travel Reimbursement to reconcile this advance with actual travel expenses within 2 weeks after I return from the destination.

	Printed Legal Name	Signature	Email Address:	Date:
Traveler				
Project Director				
Fiscal Designee				
Other Required				

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IMPORTANT NOTES:

* 10 business days required when requesting a cash advance. *

* Is this foreign travel?

If so, a Foreign Travel Disclosure Form is required a minimum of 2 weeks prior to departure.

* A Final Travel Reimbursement form must be submitted, with receipt copies within 2 weeks of return.

