

**Travel Payment Request Form**

Guidelines for The Research Foundation/SUNY Geneseo

Welcome Research Foundation (RF) Traveler. Please review the following business travel guidelines before committing to any travel arrangements.

**Step 1: Prior to Traveling**

Forward to the Grants Management Office (GMO):

* An RF Travel Payment Request Form with Section 1/General Information completed (Word format)
* Provide conference/meeting information (pdf format)

**Step 2: Making Travel Arrangements**

* Review federal lodging/meal [per diem rates](http://www.gsa.gov/portal/content/104877): <http://www.gsa.gov/portal/content/104877>
* Travel Agent available: Stovroff & Taylor Travel (STT) can assist with airfare bookings, train travel, lodging, and car rental. Contact GMO at ext. 5060 for information. Air travel must comply with the [Fly America Act](https://www.gsa.gov/policy-regulations/policy/travel-management-policy/fly-america-act).
* Car rental: contact GMO for contract pricing. Prior approval and written justification required.
* Tax Exemption is available for RF business in the States of Florida, Kentucky, New Jersey, New York, Massachusetts, and Tennessee. Tax exemption forms are available by contacting GMO at ext. 5060.
* Travel reimbursement is based on the most cost-effective means: direct route, by common carrier, and with the best interest of the project in mind. For example, car rental vs. personal vehicle.
* Transportation expenses over $25 require receipts (exception meals)
* Following is a list of common reimbursable expenses:
* car rental
* airfare and/or train
* airport parking
* lodging ([per diem rate](https://www.gsa.gov/travel/plan-book/per-diem-rates?gsaredirect=portalcontent104877))
* conference registration
* luggage fees
* public transportation (Uber, taxi, shuttle, etc.)
* to/from airport personal mileage
* tolls
* [Basic RF Overview Video](https://www.youtube.com/watch?v=Qup0xyGQ3kE)

**Step 3: Upon Your Return** (travel reconciliation **MUST** be completed within two weeks of return date.)

* Complete the RF’s [reconciliation travel worksheet](https://www.geneseo.edu/grants/grants-management-travel)
* Scan receipts, one pdf file (no meal receipts)
* Submit documentation to GMO for travel reimbursement

Reference [The Research Foundation Travel Handbook (](file:///\\files\departmental\GrantsManagement\Travel%20Information\The%20Research%20Foundation%20Travel%20Handbook%20()<http://www.rfsuny.org/media/RFSUNY/Policies/travel_handbook.pdf>)

Revised: 18-Jul-2023



TRAVEL PAYMENT REQUEST

The Research Foundation of State University of New York

190: SUNY GENESEO

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| **Section 1: GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| Project-Task-Award No: | | | | | Travel (domestic/foreign): | | | | | | | | | | Invoice No: R | | | | | |
| Name:  E-Mail: | | | | | Department: | | | | | | | | | | Supplier #: | | | | | |
| Home Address (Number and Street): | | | | | City: | | | | | | | | State: | | | | | | Zip Code: | |
| Point of Departure Location: | | | | | | Point of Return Location: | | | | | | | | | | | | | | |
| Date: Time: | | | | | | Date: Time: | | | | | | | | | | | | | | |
| Destination (city/state): | | | | | | | | | | | | | | | | | Conference  Other | | | |
| Purpose of travel: | | | | | | | | | | | | | | | | |
| Is travel included in approved sponsored program budget/proposal? Yes/No | | | | | | | Is a rental vehicle needed? Yes/No  If “yes,” include a written justification. | | | | | | | | | | | | | |
| Relationship to Program (student, faculty, RF employee, consultant, other/explain): | | | | | | | | | | | | | | | | | | | | |
| **Section 2: ADVANCE PAYMENT REQUEST** | | | | | | | | | | | | | | | | | | | | |
| Transportation (common carrier): | | | | | | | | | | $ | | | | x 100% = | | | | $ | | |
| Conference Registration: | | | | | | | | | | $ | | | | x 100% = | | | | $ | | |
| Receipted Lodging & Meal Allowances are based on [per diem rates](https://www.gsa.gov/travel/plan-book/per-diem-rates): | | | | | | | | | | $ | | | | x 80% = | | | | $ | | |
| No. of travel days: | Lodging per diem rate: | | | Meal per diem rate: | | | | | |
| Total Encumbrance (1) | | | | | | | | | | $ | | | | Total Advance | | | | $ | | |
| Traveler Signature | | Date | APPROVAL: Project Director’s Signature Date | | | | | | | | APPROVAL: Grants Management Office Date | | | | | | | | | |
| **Section 3: ACTUAL TRAVEL EXPENDITURES – Travel Reconciliation MUST be completed within two weeks of trip return date.** | | | | | | | | | | | | | | | | | | | | |
| **Transportation** | | | Lodging and Meals | | | | | | | | | | | | | | | | | |
| Common Carrier | |  | Departure: Date/Time (if different from above) | | | | | | | | Return: Date/Time (if different from above) | | | | | | | | | |
| Parking (hotel, airport, etc.) | |  | Method I: Unreceipted Lodging (max. $50/day) | | | | | | | | Method II: Receipted Lodging [(per diem)](http://www.gsa.gov/portal/content/104877) | | | | | | | | | |
| Car Rental  (justification required) | |  | No. of days Rate  x = | | | | | $ | | | Number of Days | | | | | |  | | | |
| Personal Car Mileage:  miles x rate .655 | |  | Meal Adjustment: | | | | |  | | | Lodging | | | | | | $ | | | |
| Tolls | |  | Breakfast | | | | | $ | | | Meal Adjustment  Breakfast | | | | | | $ | | | |
| Uber/Taxi/Shuttles | |  | Dinner | | | | | $ | | |
| Miscellaneous (explain) | |  |  | | | | |  | | | Dinners | | | | | | $ | | | |
| Total (2) | |  | Total (3) | | | | | $ | | | Total (3) | | | | | | $ | | | |
| I hereby certify that the above trip was taken for the purpose indicated; that the above accounting is accurate; that no portion has been paid, except as stated on this form and that the balance indicated is due or reimbursable in accordance with [Research Foundation Travel Policy](http://www.rfsuny.org/media/RFSUNY/Policies/travel_handbook.pdf). | | | Transportation Expenses (2) | | | | | | | | | | | | | $ | | | | |
| Per Diem/Meals and Lodging (3) | | | | | | | | | | | | | $ | | | | |
| Total Expenses | | | | | | | | | | | | | $ | | | | |
| Less Advance (1) | | | | | | | | | | | | | $ ( ) | | | | |
| Balance Due Traveler | | | | | | | | | | | | | $ | | | | |
| Balance Due Research Foundation (attach check) | | | | | | | | | | | | | $ | | | | |
| Traveler Signature | | Date | APPROVAL:Project Director | | | | | | Date | | | APPROVAL: Grants Management Office | | | | | | | | Date |

Revised: 23-Mar-2023