

**THE RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK
UNIVERSITY AT BUFFALO**

REQUEST FOR TRAVEL ADVANCE

| | | | |
|--|---|---|------------------------------------|
| RF ACCT. #: (Project-Task-Award) | | SEQUENCE NO.: (Travel Services Use Only) | |
| TRAVELER'S NAME: (First, Middle Initial, Last) | | DEPARTMENT: | SOCIAL SECURITY NO.: ### - ## - |
| CAMPUS ADDRESS: | | DEPARTMENTAL CONTACT: | CAMPUS PHONE: |
| POINT OF DEPARTURE: Place _____ Date _____ | POINT OF RETURN: Place _____ Date _____ | RELATIONSHIP TO PROGRAM: <input type="checkbox"/> Research Foundation Employee <input type="checkbox"/> SUNY Employee Working on Project _____ <input type="checkbox"/> Other (Explain): _____ | |
| DESTINATION: * | | | |
| PURPOSE OF TRAVEL: <input type="checkbox"/> Conference <input type="checkbox"/> Foreign Travel* <input type="checkbox"/> Other | | | |

CALCULATION

| | ANTICIPATED EXPENSE | ALLOWANCE | ADVANCE |
|--|---------------------|-----------|---------|
| TRANSPORTATION (Common Carrier): * Foreign Travel: U.S. flag carriers must be used to the maximum extent possible when traveling between the U.S. and a foreign country. This requirement shall not be influenced by factors of cost, convenience or personal travel preference. | | x 100% | \$ |
| TRANSPORTATION (All Other): | | | |
| Personal Car Miles _____ @ _____ cents/mile | | x 80% | |
| Local Fares | | x 80% | |
| Intercity Fares (Bus, Taxi, etc.) | | x 80% | |
| Other _____ | | x 80% | |
| MEALS: Per Diem Meals: _____ Days @ \$ _____ / Day (or) | | x 80% | |
| No. Breakfasts _____ @ \$ _____ + No. Dinners _____ @ \$ _____ | | x 80% | |
| LODGING: _____ Days @ \$ _____ | | x 80% | |
| If lodging rates exceed maximum allowance, fiscal designee approval is required. | | | |
| OTHER (List): _____ | | x 80% | |
| _____ | | x 80% | |
| _____ | | x 80% | |
| TOTALS | \$ 0.00 | | \$ 0.00 |

I have read and consented to the terms and conditions set forth on the reverse side of this form. I understand that reimbursement will be in accordance with the RF rate schedule in effect on the date of departure. Where required, prior sponsor approval for this travel has been obtained.

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|-------------------------------------|-------|
| TRAVELER'S SIGNATURE: | DATE: |
| PRINCIPAL INVESTIGATOR'S SIGNATURE: | DATE: |
| FISCAL DESIGNEE'S SIGNATURE: | DATE: |

Forward original to Travel Services, 208 Crofts Hall, North Campus.
Retain one copy. Please read conditions for use on page 2.