

IMPORTANT: Original receipts for transportation and lodging expenses as well as documentation relating to attendance at conferences such as registration receipts and programs must be attached. If airline ticket was purchased by Purchase Order, please reference P.O. number and attach copy.

Click on the instruction tab below for help in completing this form

UNIVERSITY AT BUFFALO TRAVEL EXPENSE VOUCHER

Acct. # (Project-Task-Award)	Sequence No. (Travel Services Use Only)	Direct deposit <input type="checkbox"/> ACH form must be on file	
Traveler's Name (First, Middle Initial, Last)	Department	UB Person #:	Social Security Number <small>Required for non-employees</small>
Home Address** <small>check mailed to home address unless ACH is chosen</small>	City	State	Zip
Campus Address	Departmental Contact	Campus Phone	
Contact Email Address:			

Point of Departure Place:	Point of Return Place:	Travelers Relationship to Program <input type="checkbox"/> Research Foundation Employee <input type="checkbox"/> SUNY Employee Working on Project _____ % <input type="checkbox"/> Other (Explain):
Date:	Date:	
Time:	Time:	

Trip Destination: _____
 Purpose of Travel: *Documentation must be attached (i.e. conference brochure, agenda, invitation, or other information)*

Date	From:	Personal Car mileage	Mileage Exp. <small>(link to view rates)</small>	Plane	Other Mode of Transport	Taxi Bus, etc.	Total Amount
		To:					
To:							\$ -
To:							\$ -
To:							\$ -
TOTAL TRANSPORTATION EXPENSE							\$ -

* If supported by federal funds, air travel must be less than first class unless no other accommodations are available (documentation required). Foreign Air Carriers are not permissible. See "Fly America Act".

Date	Hotel Name	AMOUNT (Lunch is not allowable)			Miscellaneous Explain	Miscellaneous Amount	Total Amount
		Lodging	Breakfast	Dinner			
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
TOTAL LODGING & MEAL EXPENSE							\$ -

If travel expenses were paid by some other source you must provide the necessary backup or copies supporting that claim.	TOTAL EXPENSES (Transportation + Lodging & Meals) \$ - LESS CASH ADVANCE Sequence No. _____ NET BALANCE <input type="checkbox"/> To be returned by traveler <input type="checkbox"/> To be reimbursed \$ -
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I hereby certify that the above trip was taken for the purpose indicated, that the above account is just, true, and correct, that no part thereof has been paid, except stated therein, and that the balance stated is due and owing and reimbursable in accordance with Research Foundation regulations.

Traveler's Signature:	Date:
Principal Investigator's Signature:	Date:
Processed By:	Date: