



The Research Foundation for  
The State University of New York

SUNY New Paltz - Office of Sponsored Programs

# OVERNIGHT TRAVEL REIMBURSEMENT

(For Travel Advances - use the OVERNIGHT TRAVEL ADVANCE form)

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 Funds	
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

D - TRANSPORTATION EXPENSES	
Personal Car	Enter number of miles driven: _____
	Federal standard mileage rate: \$ 0.70
	Miles X Rate: \$ _____
	Parking: _____
	Tolls: _____
	Airline Carrier ( <i>Fly America Act applies</i> ): _____
	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	
# of Full Days: _____	Daily PD Rate: _____
# of Breakfasts: _____	Amount/meal: _____
# of Dinners: _____	Amount/meal: _____
Total Transportation Expenses: \$ _____	
Less Advance (enter as negative number): \$ _____	
Total Reimbursement Request (due Traveler): \$ _____	
Balance due Research Foundation (attach check): _____	

E - CERTIFICATION AND APPROVAL
I hereby certify that the above trip was taken for the purpose indicated and expenses are in accordance with Research Foundation Travel Policy; that the above accounting is accurate; that expenses included are necessary, reasonable, and of benefit to the project; that no portion has been paid, except as stated on this form and that the balance indicated is due or reimbursable; <b>that, if this is a federal or state sponsored fund or if expressly prohibited by the sponsor, no charges for alcohol are included.</b>
Traveler Signature _____ Date _____

F - REVIEWED AND APPROVED			
Principal Investigator/Project Director Signature _____	Date _____	Operations Manager Signature _____	Date _____
OSP - Eff: 1/17/2025, until amended			