



The Research Foundation for  
The State University of New York

SUNY New Paltz - Office of Sponsored Programs

# OVERNIGHT TRAVEL ADVANCE

(After travel complete - use the OVERNIGHT TRAVEL REIMBURSEMENT form to reconcile Expenses with ADVANCE)

Must be submitted no less than **10 business days** prior to the travel start date.

| 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                |                   |
| FOR OSP USE ONLY:                                                                                 |                   |
| Site #: _____                                                                                     | Supplier #: _____ |

| B - AWARD INFORMATION                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------|
| Award: _____                                                                                                            |
| Project: _____                                                                                                          |
| Task: _____                                                                                                             |
| Exp. Type: _____                                                                                                        |
| Org. Type: <b>210</b>                                                                                                   |
| Req/PO #: _____                                                                                                         |
| If required, Sponsor has provided prior approval:<br><input type="checkbox"/> Yes <input type="checkbox"/> No (explain) |
| Comments/Special Handling Requests: _____                                                                               |

| C - TRIP DETAILS                                                                                       |
|--------------------------------------------------------------------------------------------------------|
| <b>DEPARTURE</b>                                                                                       |
| 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 |
| <b>RETURN</b>                                                                                          |
| Point of Return: _____                                                                                 |
| Date: _____                                                                                            |
| Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM                                    |

| D - ADVANCE - 80% OF EXPENSES (except as noted) |                                                                           |
|-------------------------------------------------|---------------------------------------------------------------------------|
| Personal Car                                    | Enter estimated number of miles: _____                                    |
|                                                 | Federal standard mileage rate: \$ .70                                     |
|                                                 | Miles X Rate: \$ _____                                                    |
|                                                 | Parking: _____                                                            |
|                                                 | Tolls: _____                                                              |
|                                                 | Airline Carrier ( <i>Fly America Act applies</i> ) ( <b>100%</b> ): _____ |
|                                                 | Taxi: _____                                                               |
|                                                 | Car Rental ( <i>attach required justification</i> ): _____                |
|                                                 | Train/Light Rail/Bus/Ferry: _____                                         |
|                                                 | Miscellaneous (explain): _____                                            |

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

|                                                    |                                              |
|----------------------------------------------------|----------------------------------------------|
| <b>LODGING</b>                                     | Number of Nights: _____                      |
|                                                    | Unreceipted - Per Diem Rate per Night: _____ |
|                                                    | Receipted Lodging (enter total): _____       |
| <b>MEALS - PER DIEM (unreceipted)</b>              |                                              |
| # of Full Days: _____                              | Daily PD Rate: _____                         |
| # of Breakfasts: _____                             | Amount/meal: _____                           |
| # of Dinners: _____                                | Amount/meal: _____                           |
| Total Transportation Expenses: \$ _____            |                                              |
| Expenses Advanced at 80%: \$ _____                 |                                              |
| Expenses Advanced at 100%: \$ _____                |                                              |
| Total Advance (funds will be encumbered): \$ _____ |                                              |

| F - REVIEWED AND APPROVED                               |            |                                    |            |
|---------------------------------------------------------|------------|------------------------------------|------------|
| Principal Investigator/Project Director Signature _____ | Date _____ | Operations Manager Signature _____ | Date _____ |