Macintosh HD:Users:brennanj:Desktop:Templates:Elements for Letterhead:Letterhead - Logo2.eps

**Travel Application Form***\*Upon your return, please complete form and submit with all your  
 documentation.*

**Requester Information**

Name:       Phone number:

Home Address:

ID number:       Department:        
  
Relationship to Program: RF employee Consultant Lecturer SUNY Employee Student.

Are you receiving funding from another department?

Yes, if yes, what department, how much received, what are they covering and who have you been working with?

No  
  
Would you prefer your reimbursement sent via check or direct deposit?

Check

Direct deposit, if you’d like direct deposit, you must fill out the direct deposit form online: [https://www.rfsuny.org/doing-business-with-the-rf-/purchasing-staff-home/payment-methods--processes/ach-enrollment-form/](mailto:https://www.rfsuny.org/doing-business-with-the-rf-/purchasing-staff-home/payment-methods--processes/ach-enrollment-form/?subject=Direct%20Deposit%20Form)

**Conference Information**

Conference Title:        
Conference Location:

Conference Address including zip code:

Point of Departure:  Home  Work  Other, if other, please specify        
Date and time of departure:       Date and time of return:

Conference agenda link:

**Expenses***Please check all your expenses that apply.. Please remember any receipts you turn in must be fore just you. If you are unsure of what is acceptable please refer back to the travel policy page* [*https://www.upstate.edu/travel/policy.php*](https://www.upstate.edu/travel/policy.php)

**Conference**  
*Make sure to include the conference schedule*   
 Are you presenting, if yes, please include presentation title and photo.        
 Just attending the conference  
**Transportation**  
Date and time of departure:       Date and time of return:      

**Type of transportation:**

car rental Name of car rental:       Total charges:        
 own car, if your own add total mileage

Train or Bus. Name of train/bus:       Total charges:

**Total transportation charges:**        
 **Lodging**Name of the hotel:       Address:

Date of arrival:       Date of departure:       #of nights stayed:        
Total expense for lodging:

**Meals**

Total expenses for meals:

**Taxi/Parking/Tolls**  
Total expenses for taxi/parking/tolls:

Have you received any advance payments? Yes No if yes, from where and how much.

**Total Expenses:**   
Total Conference Registration.

Total Transportation Expenses:        
Total Lodging Expenses:        
Total Meal Expenses:

Total Taxi/Parking/Tolls Expenses:

Balance due to traveler: (maximum is $500):

Traveler Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Project Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_