

EMAIL ADDRESS: _____

Last Name, First Name, Middle Initial (Required)		Address of Traveler: Street, City, State, Zip			
Department		Destination: Street, City, State, Zip		RF Travel card used? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DEPARTURE:		Date	Time	RETURN:	
			<input type="checkbox"/> AM <input type="checkbox"/> PM	Date	Time
					<input type="checkbox"/> AM <input type="checkbox"/> PM
Project Director	Project	Award	Task	Relationship to Program <input type="checkbox"/> Grant Payroll or Stipend <input type="checkbox"/> Consultant <input type="checkbox"/> Lecturer <input type="checkbox"/> State Employee Working on Project <input type="checkbox"/> Volunteer (Form on file) <input type="checkbox"/> Other (Explain on reverse side)	
Justification for Trip/Benefit to Project(s) charged:	Project	Award	Task		

- TRANSPORTATION -		Amounts:					Total \$\$ Amount
Date	Destination	Personal Car Mileage and Amount to be Reimbursed	Plane and/or Baggage	Train and/or Taxi	Car Rental	Toll and/or Parking	
		# of Miles \$\$ Reimbursed					
TOTAL TRANSPORTATION EXPENSE							\$

- LODGING -		Amounts:					Total \$\$ Amount
Date	Hotel Name	Lodging	Breakfast	Lunch	Dinner	Miscellaneous (Explain)	
				X			
				X			
				X			
				X			
				X			
TOTAL LODGING EXPENSE							\$
TOTAL EXPENSES (Total Transportation + Total Lodging)							\$
LESS PAID BY OTHER FUNDING (BTI, College Foundation, State...)							-
NET BALANCE							\$

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 as stated therein, and that the balance therein stated is due and owing and reimbursable in accordance with Research Foundation Regulations.

Note: Receipts for transportation and lodging expenses, as well as documentation relating to attendance at business events should be attached as appropriate (i.e. event agenda).

Traveler's Signature _____ Date _____

Project Director/Approver's Signature (CANNOT BE YOURSELF) _____ Date _____

For Travel Use Only: Operations Manager or Designee Signature _____ Date _____