Stony Brook University | SUNY RF The Research Foundation for The State University of New York | Stony Brook Foundation

☐ Employee ☐ Student ☐ Non-Employee *No Per-Diem Reimbursement Permitted For Non-Employees

Travel Voucher

Voucher Number _____ **TVL Number** _____

Department Information

Dept/Org Name:	Zip+4:
Contact Name:	Phone:

Traveler Information

Please indicate one of the following:

A Citizen of the United States	☐ Yes	☐ No	If yes, provide copy of alien registration card
Permanent US Resident	☐ Yes	☐ No	If yes, Country of Citizenship: _____
Non-Resident Alien (NRA)	☐ Yes	☐ No	**Immigration status on I-94 card or passport:**

Payee Name (Last, First, MI):		Payee ID:	
Address:	City:	State:	Zip:
Official Station:			
Destination:	Purpose of Travel:		
Date & Time of Departure: ☐ AM ☐ PM	Date & Time of Return: ☐ AM ☐ PM		

		Cost
Transportation Expenses		
	Common Carrier (airfare, train, bus): BTA Used ☐	
	Car Rental (justification required):	
	Fuel:	
	Personal Car Mileage (attach AC-160) : miles x $ IRS rate	
	Parking:	
	Tolls:	
	Taxi/Subway/Ferry:	
Lodging		
State/RF	day(s) at $ per diem	
State/RF	day(s) at $ per diem	
Meal Expenses		
SBF	Total Receipted Lodging:	
State/RF	Per Diem Meals: _____ breakfast(s) at $_____ per diem + _____ dinner(s) at $_____ per diem	
State/RF	Per Diem Meals: _____ breakfast(s) at $_____ per diem + _____ dinner(s) at $_____ per diem	
State/RF	One Day Meals: _____ breakfast(s) at $5 + _____ dinners at $12	
SBF	Total of Receipted Meals:	
Others		
	Registration/Conference Fees:	
	Miscellaneous (list and explain):	
RF Advance		
	Enter PO #_____ and amount of advance	
	*According to Campus Travel Policy all original supporting documentation must be attached.	**Total**

I hereby certify that that the above trip was taken for the purpose indicated; that the reference accounting is accurate: that no portion has been paid; except as stated on this form, and that the balance indicated is due or reimbursable in accordance with Campus Travel Policy

Traveler Signature _____ Traveler Title _____ Date _____

I, the claimant's supervisor, certify that this account has been examined and, to the best of my knowledge and belief, the amounts claimed therein were necessary for the performance of the claimant's official duties.

Supervisor Signature _____ Supervisor Title _____ Date _____

I certify that this claim is correct and just, and payment is approved using designated account.

Authorized Signatory _____ Title _____ Date _____

☐ State ☐ RF ☐ SBF Account Number / Project Task Award	Object/Expenditure Code	Amount