

RF TRAVEL FINAL EXPENSE FORM

				55555-01T
Originating Agency SUNY Canton	Originating Agency Code 360	Interest Eligible (Y/N) N	Liability Date (mm/dd/yy)	Travel Advance amount
Official Station SUNY Canton	IRS Code		Payee Amount \$158.00	
Normal work Hours 8-4		Work Phone # 5555		Merch / Inv. Rec'd Date
Payee Name (Last) Roo	(First-Full) Roody	(MI)	Suffix	County
Home Address 34 Cornell Drive		Departure Date 07/01/24	Time 8:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
City Canton	State NY	Zip Code 13617	Return Date 07/02/24	Time 7:00
Purpose of Travel Conference				<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

Transportation:	On RF P-Card	Traveler Due Reimbursement
Common Carrier Expenses		
Airfare	\$398.11	\$0.00
Train or Bus	\$0.00	
Vehicle Rental	\$0.00	
Fuel (When taking a State Vehicle use the Gas Card in the vehicle)	\$34.81	\$0.00
(Whole numbers only) 0 miles @** \$0.670 per mile *1/1/24 - 12/31/24		\$0.00

Lodging:

Room	Rate	Category	On RF P-Card	Traveler Due Reimbursement
1	\$220.00	State Rate	\$220.00	\$0.00
	\$0.00	State Rate	\$0.00	\$0.00
	\$0.00	Other Than State Rate		\$0.00

Per Diem Rate: \$79.00	2	16.00	+	2	63.00		\$158.00
Per Diem Rate: \$0.00		0.00			0.00	Dinners @	\$0.00
						Total of Meals on RF P-Card:	\$0.00

Incidental Expenses:

Category	Amount	Notes	On RF P-Card	Traveler Due Reimbursement
Parking	\$ 50.00		\$58.95	\$0.00
Taxi	\$ 26.69	Shuttle	\$0.00	\$0.00
Internet	\$ -		\$26.69	\$0.00
Baggage	\$ 50.00	Out of state tax	\$50.00	\$0.00
Other:			\$0.00	\$0.00

Registration/Conference Fees: \$90.00 \$0.00

PAYEE'S CERTIFICATION		Total RF P-Card Charges	Total Reimbursement Due to Traveler
I hereby certify that the above account and attached schedules are just, true and correct, that no part thereof has been paid, except as stated therein, and that the balance therein stated is actually due and owing, and that the amounts claimed were necessary and incurred in the performance of my official duties.		\$878.56	\$158.00
		OR	
Traveler's Signature _____ Title _____ Date _____		Traveler's Total Trip Allowance	
SUPERVISOR'S CERTIFICATION		Total Amount Due from Traveler Attach personal check payable to Research Foundation	
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 authorized duties.		\$0.00	
		Operations Manager _____ Date _____	
P.I.'s Signature _____ Date _____			
Grant Office Signature _____ Date _____	Area VP's Signature (Out of State Travel) _____ Date _____	(If additional Grant funds being used, fill in below)	
PTA _____	PTA _____		
Exp. Type _____	Exp. Type _____		
Organization _____	Organization _____		Revised 1/24