

Application for Travel Allowance

Important Note

In order to receive a Graduate Center reimbursement, you must identify your affiliation as "The Graduate Center, CUNY" on all materials associated with the conference. If you are also appointed at another campus, both affiliations should be included.

Name of Applicant: _____ Telephone Ext.: _____ Soc. Sec. No.: _____

Title: _____ Program or Department: _____

1. Specific purpose of trip:

2. Dates of travel - From: _____ To: _____

Destination: _____

Type of transportation: _____

3. Amount requested for transportation (**When making reservations, ask for the Government Rate - NYS**): _____ \$

Airplane or Railroad: Support travel by **original plane or railroad ticket**. **Auto:** The total of this item will be figured at 48.5 ¢ per mile. **Toll and parking** charges will be reimbursed, within NYS guidelines, upon presentation of **receipts**. **A Statement of Automobile Travel** (Form AC-160) **must be submitted with the voucher along with a written justification for use of personal vehicle**.

4. Amount requested for subsistence, if any (**When making room reservations*, ask for the Government Rate - NYS**): _____ \$

Method I — Hotel room shall not exceed \$36.00 per day. Meals shall not exceed \$14.00 per day (not to include lunch). Total room and meals shall not exceed \$50.00 per day (including taxes and tips) in an out-of-town location. **Receipts** for the cost of the room **must be presented** with the voucher after your return.

Method II — **All** receipts for the cost of both **room and meals** (excluding lunches) must be presented with the voucher after your return. Maximum reimbursement for lodging and meals (including taxes and tips) **depends upon destination**.

For: _____ maximum **per day** for lodging \$ _____ & meals \$ _____ = \$ _____ Max. per diem.
(destination) (daily allowance for breakfast \$_____, for dinner \$_____)

***NOTE: "Express Check-Out" receipts for hotel charges may NOT be submitted for reimbursement. You must request a final bill be given or sent to you which shows a \$0.00 balance and method of payment.**

5. Amount requested for registration fee at meeting _____ \$

(Original Receipt or copy, front and back, of cancelled check is required.)

6. Total amount requested: _____ \$

New York State requires verification of meetings/conferences. A copy of printed material indicating location and dates must be submitted with the completed voucher.

Signature of traveler: _____ Date: _____

APPROVAL OF SUPERVISOR OR HEAD OF DEPARTMENT OR PROGRAM

In my judgment it will be beneficial to the University for the applicant to undertake the trip above stated.

Signature _____ Date: _____

APPROVAL OF PROVOST OR VICE PRESIDENT

Please forward this form to the respective Provost or Vice-President. If approved, the applicant will be furnished with voucher form to be submitted to the Provost's Office of The Graduate School and University Center upon return.

Approved _____ Amount \$ _____
 Not Approved

Signature: _____ Date: _____

FY _____

NYS

Other