

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Trip: From \_\_\_\_\_ to \_\_\_\_\_ Place: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

**Transportation:**

From:	To:	Amount:
		\$
		\$
		\$

Transportation Total: \$ \_\_\_\_\_

**Taxis/Carfare (Incl. Tips):**

From:	To:	Amount:
		\$
		\$
		\$

Taxis/Carfare Total: \$ \_\_\_\_\_

**Lodging (Provide Dates):**

From: _____	To: _____
From: _____	To: _____
Lodging Total: _____ Night(s) at \$ _____ / Night = \$ _____	

**Meals** (total reimbursable amount is contingent on the receipts provided, capped at the NYS per diem rate of \$71/day):

Date	Breakfast	Lunch	Dinner	Total
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

Meals Total: \$ \_\_\_\_\_

Department to be charged: \_\_\_\_\_

Total Reimbursement Amount: \$ \_\_\_\_\_

Payee:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<u>For Office Use Only</u>	
_____ Executive Officer – Signature	_____ Date
_____ Provost – Signature	_____ Date