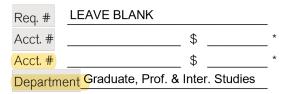
Graduate Student Research & Creative Project Award

□ Revised

TRAVEL REQUISITION

SAMPLE





Submit four (4) weeks prior to trip to allow for internal approvals, procedural compliance, and cost-effective trip planning. Send completed original signed copy to Purchasing, HAB 307 and make a copy for your records. All requests for travel (over \$200) must be submitted on this form. Review travel policy at www.newpaltz.edu/travel. Attach additional documentation or itinerary if clarification of trip is necessary. All gray areas must be completed prior to submitting this form and include purpose of the trip.

Name Insert your name	Title Graduate St	Title Graduate Student				
Last Addre	First MI					
Residence address: (remit to) Address: Street		City			State	Zip
Departing address: (for actual trip)	Address where your will depart fo	rom				
Destination address: (the last busines	Street	City			State	Zip
	Street	City			State	Zip
Departure date & time	AM OPM	Return dat		ime		AM 🖸 PI
Purpose for Trip Title of Project, pr		Date	'	e		
ANTICIPATED EXPENDITUI	DES			TOTAL	ıc	PREPA
REGISTRATION	NL3			IOIA	LS	BY STA
Alternate Attendee Name (required	l if pre-paying) N/A (NOT APPL	ICABLE)	(550030)	\$		
TRANSPORTATION						
Rental Car: Confirmation #	Location		(541500)	\$		
Airfare			(542150)	\$		
Train			(542250)	\$		
Car Pooled U Bus			(540020)	\$		
Personal Car mileage,	miles @ \$	/mileage rate	(543000)	\$ 0.00)	_
LODGING (Over Per Diem)						
Receipted (per diem)	days x \$	/day	(542040)	\$ 0.00		_
Un-receipted	als can NOT be re	/day	(542000)	\$ 0.00)	_
×MEXXX **Me	ais can NOT be re	eimbursea**				
Per Diem (overnight)	days x \$	/day	(542010)	\$ 0.00		
\$5/\$12 (day trip)	breakfast(s) @ \$		(542030)	\$ 0.00		_
	dinner(s) @ \$		(542030)	\$ 0.00		_
INCIDENTAL EXPENSES						
Parking \$ Taxi \$			(=)	0.00	`	
Internet \$ Gas \$	Other (explain) \$		(540020)	\$ 0.00		
		TOTAL CO	OST OF TRIP	\$ 0.00)	_
*NOT	TO EXCEED AMOUNT OF EX	(PENDITURE (Per departn	nent's discretion)	\$		_
PREPAYMENTS REQUEST	ED (All requests required 30 days prio	r to travel):				
	nce form) (Min \$100 – Max \$400)	Airfare Reimburseme	ent (Requires <i>pre-pa</i>	aid airfare fo	orm and p	oaid receipt)
Registration (Requires registrat	tion form, employee must pre-register.)	Lodging (Include conf	irmation number.) (r	non-emplo	yees)	
Persons who travel before obta	aining all approvals do so at th	neir own risk and may no	ot be reimburse	ed for th	eir trav	el costs.
					O.,	
APPRAYAli&ant Signature		Advisor or C	nair Signatui	ie		
						5 .
Traveler	Date	Traveler's Supervisor				Date