



**New Paltz**  
STATE UNIVERSITY OF NEW YORK

Office of Travel, Haggerty 302

Revised

**TRAVEL REQUISITION**

Req. # LEAVE BLANK

Acct. # \_\_\_\_\_ \$ \_\_\_\_\_ \*

Acct. # \_\_\_\_\_ \$ \_\_\_\_\_ \*

Department Graduate, Prof. & Inter. Studies

**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](http://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 Student

Residence address: (remit to) Address where your reside

Departing address: (for actual trip) Address where your will depart from

Destination address: (the last business destination) Address where you will arrive to

Departure Departure date & time  AM  PM Return Return date & time  AM  PM

Purpose for Trip Title of Project, presentation, conference, etc.

**ANTICIPATED EXPENDITURES**

			<b>TOTALS</b>	<b>PREPAID BY STATE CREDIT CARD</b>
<b>REGISTRATION</b>				
Alternate Attendee Name (required if pre-paying) <u>N/A (NOT APPLICABLE)</u>	(550030)	\$ _____		<input type="checkbox"/>
<b>TRANSPORTATION</b>				
Rental Car: Confirmation # _____ Location _____	(541500)	\$ _____		<input type="checkbox"/>
Airfare .....	(542150)	\$ _____		<input type="checkbox"/>
Train .....	(542250)	\$ _____		<input type="checkbox"/>
Car Pooled <input type="checkbox"/> Bus <input type="checkbox"/>	(540020)	\$ _____		<input type="checkbox"/>
Personal Car mileage. <input checked="" type="checkbox"/> _____ miles @ \$ _____ /mileage rate .....	(543000)	\$ <u>0.00</u>		
<b>LODGING (Over Per Diem   )</b>				
Receipted (per diem) _____ days x \$ _____ /day .....	(542040)	\$ <u>0.00</u>		<input type="checkbox"/>
Un-receipted _____ days x \$ _____ /day .....	(542000)	\$ <u>0.00</u>		
<b>MEALS</b>				
Per Diem (overnight) _____ days x \$ _____ /day .....	(542010)	\$ <u>0.00</u>		<input type="checkbox"/>
\$5/\$12 (day trip) <u>X</u> _____ breakfast(s) @ \$ _____ .....	(542030)	\$ <u>0.00</u>		
_____ dinner(s) @ \$ _____ .....	(542030)	\$ <u>0.00</u>		
<b>INCIDENTAL EXPENSES</b>				
Parking \$ _____ Taxi \$ _____ Tolls/Bridges \$ _____ Subway \$ _____				
Internet \$ _____ Gas \$ _____ Other (explain) \$ _____	(540020)	\$ <u>0.00</u>		<input type="checkbox"/>
			<b>TOTAL COST OF TRIP</b>	\$ <u>0.00</u>
<b>*NOT TO EXCEED AMOUNT OF EXPENDITURE</b> (Per department's discretion)			\$ _____	

**\*\*\*Meals can NOT be reimbursed\*\*\***

XXXXXXXX  
MEALS

**PREPAYMENTS REQUESTED** (All requests required 30 days prior to travel):

Cash Advance (Requires *advance form*) (Min \$100 – Max \$400)  Airfare Reimbursement (Requires *pre-paid airfare form* and *paid receipt*)

Registration (Requires registration form, employee must pre-register.)  Lodging (Include confirmation number.) (non-employees)

**Persons who travel before obtaining all approvals do so at their own risk and may not be reimbursed for their travel costs.**

**APPROVALS**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor or Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Traveler \_\_\_\_\_ Date \_\_\_\_\_

Traveler's Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Authorized Account Signature (if different from supervisor) \_\_\_\_\_ Date \_\_\_\_\_

Authorized Out-of-State Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Account Signature (if additional accounts) \_\_\_\_\_ Date \_\_\_\_\_