

Original receipts for transportation and lodging expenses as well as documentation relating to attendance at conferences such as programs or agendas must be attached. RF CTA's are available for the purchase of airfare and Amtrak expenses. Contact the travel office for further information.

Click on the instructions below for help in completing this form

UNIVERSITY AT BUFFALO TRAVEL EXPENSE VOUCHER

Mail check to

Acct. # (Project-Task-Award)	Sequence No. (Travel Services Use Only)	*ACH form must be on file- contact Travel Services to enroll	
Payee Name (First, Middle Initial, Last)	Department	UB Person #:	Social Security Number Required for non-employees
Home Address	City	State	Zip
Campus Address	Departmental Contact	Campus Phone	
Contact Email Address:			

Point of Departure	Point of Return	Travelers Relationship to Program Research Foundation Employee SUNY Employee Working on Project _____ % Other-Must explain and include country of citizenship:
Place:	Place:	
Date:	Date:	
Time:	Time:	
Trip Destination:		citizenship:

Purpose of Travel: *Documentation must be attached (i.e. conference brochure, agenda, invitation, or other information)*

	Personal Car mileage	Mileage Exp. <small>(link to view rates)</small>	Plane*	Other Mode of Transport	Taxi Bus, etc.	Total Amount
Date	From:					\$-
	To:					\$-
	To:					\$-
	To:					\$-
	To:					\$-
TOTAL TRANSPORTATION EXPENSE						\$-

* Air travel is only reimbursed at coach fare, If supported by federal funds, Foreign Air Carriers are not permissible. See "Fly America Act".

LODGING & MEALS [Link to per diems](#)

Date	Hotel Name	AMOUNT (Lunch is not allowable)			Miscellaneous Explain	Miscellaneous Amount	Total Amount
		Lodging	Breakfast	Dinner			
							\$-
							\$-
							\$-
							\$-
							\$-
							\$-
TOTAL LODGING & MEAL EXPENSE							\$-

If any travel expenses were paid by another source, backup must be attached to support the claim.

TOTAL EXPENSES (Transportation + Lodging & Meals)	\$-
LESS CASH ADVANCE Sequence No. _____	\$-
NET BALANCE To be returned by traveler To be reimbursed	\$-

I hereby certify that the above trip was taken for the purpose indicated, that the above account is just, true, and correct, that no part thereof has been paid, except stated therein, and that the balance stated is due and owing and reimbursable in accordance with Research Foundation regulations.

Department Limit <small>when applicable</small>	
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Traveler's Signature:	Date:	Expenses associated with commuting to or from work are not reimbursable.
Principle Investigator's Signature:	Date:	
<u>Approval Authority Signature: (Required if traveler is the PI)</u>	Date:	
Operations Manager Designee' Signature <i>Travel office use only</i>		