

Research Foundation of SUNY
STATE UNIVERSITY COLLEGE AT CORTLAND

Travel Authorization Request
(Submit Prior to Travel)

Traveler's Name: _____ Date: _____

Traveler's Department: _____ Bus. Telephone: _____

Date/Time Departure: _____ Date/Time Return: _____

From (Location): _____ To (Destination): _____

Transportation:

- _____ In-State
- _____ Out-of-State (Incl. Canada)
- _____ Out-of-Country

Purpose of Travel: _____

Transportation:

- _____ Personal Car
- _____ State Car (Apply separately to the Transportation Center Office.)
- _____ Plane
- _____ Bus
- _____ Train

Lodging:

- _____ Hotel/Motel
 - _____ Rooming House/Tourist Home/YMCA/YWCA
 - _____ Dormitory
- Travel Advance/Tax Exempt forms available from the RF Fiscal Office.

Traveler's Signature _____

Approved with the Following Limitations: _____

(If Applicable) Funding Limited to:	Project	Task	Award:*	
_____	_____	_____	_____	*Must be indicated for voucher processing if funding is approved.
_____	_____	_____	_____	

Project Director's Signature: _____

Next Level Supervisor (if applicable): _____

Appropriate Vice President's Signature (if applicable): _____

Approval signatures certify that the travel is valid and represents official University Business.

