TRAVEL REQUISITION

Individual Travel ☐
Group Travel ☐ Submit all forms together

Potsdam STATE UNIVERSITY OF NEW YORK

Acct. # _____ $ _____
Acct. # _____ $ _____

Submit with all required signatures 30 days prior to travel to allow for internal approvals, procedural compliance, and cost-effective trip planning. Submit completed signed requisition to travel@potsdam.edu, and make a copy for your records. Review travel policy at www.potsdam.edu/offices/purchasing/travel.

Name _____
 Last   First   MI

Title _____

Department _____

Phone _____   Date _____

Purpose for Trip _____

Destination (City, State) _____

Departure _____   _____ AM/PM
 Date   Time

Return _____   _____ AM/PM
 Date   Time

ANTICIPATED EXPENDITURES

TOTALS

REGISTRATION . . . . $ _____

TRANSPORTATION

☐ Rental Car . . . . $ _____

☐ State Vehicle: _____ Miles @ $ _____ /mile . . . . $ _____

☐ Airfare. . . . . $ _____

☐ Train . . . . $ _____

☐ Personal Car mileage: _____ Miles @ $ _____ /mile . . . . $ _____

LODGING

☐ Receipted (per diem) _____ days x $ _____ /day . . . . $ _____

☐ Un-receipted _____ days x $ _____ /day . . . . $ _____

MEALS

☐ Per Diem (overnight) _____ days x $ _____ /day . . . . $ _____

☐ $5/$12 (day trip) _____ breakfast(s) @ $ _____ . . . . $ _____

_____ dinner(s) @ $ _____ . . . . $ _____

INCIDENTAL EXPENSES

Parking $_____ Taxi $_____ Tolls/Bridges $_____ Subway $_____

Internet $_____ Gas $_____ Other (explain) $_____ $ _____

| | TOTAL COST OF TRIP | $ _____ |

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

APPROVALS

_____   Date _____
Traveler

_____   Date _____
Traveler's Supervisor

_____   Date _____
Foundation Office (If Applicable)

Check the appropriate box(es) that correlate to SUNY Potsdam's strategic priorities:

☐ Financial Stability & Analysis   ☐ Academic Programs & Planning

☐ Enrollment & Retention   ☐ Connecting with the Community

☐ Diversity, Equity, Inclusion & Belonging

Brief Description of Travel:

Brief Written Justification: