

## FACULTY STUDENT ASSOCIATION TRAVEL PAYMENT REQUEST FORM

<b>MAIL TO FSA : (Please attach original receipts)</b>	
<b>Name</b>	Kathaleen Solorzano-Camacho, FSA/SGA Accountant
<b>Address</b>	6 Pennyfield Avenue, Bronx, NY 10465

NAME (FIRST, MIDDLE INITIAL, LAST)	DEPARTMENT:	ACCOUNT TO CHARGE:	
HOME ADDRESS: (NUMBER AND STREET)	CITY	STATE	ZIP CODE
POINT OF DEPARTURE DATE: <input type="checkbox"/> AM <input type="checkbox"/> PM (mm/dd/yyyy) TIME:	POINT OF RETURN DATE: <input type="checkbox"/> AM <input type="checkbox"/> PM (mm/dd/yyyy) TIME:		

DESCRIPTION OF TRAVEL (Attach agenda, program announcement or brief description of travel)  Conference-Attach Agenda (Required)

Destination City	State	County	
---------------------	-------	--------	--

RELATIONSHIP TO PROGRAM <input type="checkbox"/> SUNY Employee <input type="checkbox"/> OTHER (Please Explain)	PAYMENT SHOULD BE: <input type="checkbox"/> Mailed <input type="checkbox"/> Picked up
---	--

TRANSPORTATION & OTHER EXPENSES		LODGING & MEAL PER DIEMS	
ACTUAL EXPENSES	<b>Original Receipts Required</b>	<b>AMOUNT</b>	<b>AMOUNT</b>
	AIR FARE		METHOD I - PER DIEM (MEAL ONLY) No. of days _____ x rate _____
	TRAIN		
	RENTAL CAR <small>used state car</small>		METHOD II - LODGING AND MEAL PER DIEMS No. of days _____ x Lodging rate _____ No. of days _____ x meal per diem _____
	PERSONAL CAR MILEAGE <small>Justification Required</small>		
	MISCELLANEOUS OTHER		MEAL ADJUSTMENT Breakfast _____ Dinner _____ Date _____ Date _____
CONFERENCE REGISTRATION			
<b>TOTAL \$</b>		-	<b>TOTAL \$</b>

TOTALS		I certify that this trip was taken for the purpose indicated; that no portion has been paid, except as stated on this form and that the balance indicated is due in accordance with SUNY Maritime College Travel Policy.  TRAVELERS SIGNATURE _____ DATE _____	
TRANSPORTATION & OTHER EXPENSES	\$		-
LODGING & MEAL PER DIEMS	\$		-
TOTAL EXPENSES	\$	-	I certify that this payment is permissible under the terms and conditions of FSA and that funds are available for this purpose.  DEPARTMENT HEAD SIGNATURE _____ DATE _____
Travel Card Charges			
BALANCE DUE TO TRAVELER	\$	-	
BALANCE DUE TO FSA	\$	-	

FSA Approval: _____	Date: _____
---------------------	-------------