

STATE EMPLOYEE TRAVEL REIMBURSEMENT REQUEST

Date: _____ Department: _____

Faculty Member Traveling: _____

Rank: _____ Tenured () Untenured ()

Meeting Attended (organization): _____

Location of Meeting: _____ Date(s) of Meeting: _____

Activity at Meeting: _____

Hotel: _____ Conference Hotel: Y / N *Rate: _____

JUSTIFICATION:

For reimbursement for a completed trip, please attach original receipts, completed travel forms, and a copy of the program. To file an encumbrance, only the form is needed.

Approved: _____
Department Head Date

Date Received in Dean's Office: _____

Initial Stipend Approved: _____ Additional Funding: _____

* New York State Comptroller's Office requires a pre-approval letter from the Divisional Head for conference hotel rates exceeding state allowable reimbursement.