



## E-PAYMENT TRAVEL ADVANCE REQUEST

### For e-payment Use Only

Traveler's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Box Must Be Checked

U.S. Citizen / Permanent Resident      Yes      No  
Permanent resident means the person is a green card holder

PRSY      -      -      Amount \_\_\_\_\_  
PRSY      -      -      Amount \_\_\_\_\_

### Travel Itinerary

Purpose of Trip \_\_\_\_\_

Departure Date \_\_\_\_\_ Destination \_\_\_\_\_

Duration of Trip (# of days) \_\_\_\_\_ Mode of Transportation \_\_\_\_\_

Project Position of Traveler \_\_\_\_\_ Signature of Traveler \_\_\_\_\_ Date \_\_\_\_\_

### Determination of Advance

Transportation \_\_\_\_\_ \$ \_\_\_\_\_

\*Meals (per diem rate) \_\_\_\_\_ # of Days \_\_\_\_\_

Lodging \_\_\_\_\_ Nights @ \_\_\_\_\_

Other (specify) \_\_\_\_\_

\*For overnight travel, when you enter the published per diem rate for meals this form will calculate the 75% for the first and last day of travel for you.

Sub-Total \_\_\_\_\_ x80% = \$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

### Principal Investigator Approval

The above described travel is necessary for accomplishment of the project. Where travel is restricted in grant or contracts this trip conforms with any such restriction of the grant or contract. I accept responsibility for the accounting of this travel advance in accordance with the travel regulations of the Research Foundation.

\_\_\_\_\_  
Authorized Signature Required

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

## INSTRUCTIONS FOR E-PAYMENT TRAVEL ADVANCE

1. Complete the Epayment Travel Advance Request form and secure necessary approval signature. The main elements requiring approval are:

- necessary and authorized business trip
- adequate and budgeted funds
- mode of transportation
- travel advance needed

2. Only U.S. air carriers may be used for domestic and foreign travel. You may request up to 100% of anticipated transportation costs and up to 80% of all other anticipated costs associated with the travel.

Be sure to check on allowable per diems for meals and lodging at your destination. For overnight travel, when you enter the published per diem rate for meals, this form will calculate the 75% of the first and last day of travel for you.

3. Please submit the completed form to the Research Foundation via the Foundation's electronic Payment Request System. Your request must be received at least 15 business days prior to the proposed departure date. When unusual travel needs prevent meeting the 15 business day requirement, please notify us via email at [epayhelp@rfcuny.org](mailto:epayhelp@rfcuny.org).

4. Retain a copy of this form to account for this advance after the completion of the travel.

5. The travel advance must be reconciled within 5 days after the completion of the trip. Create and submit a reimbursement request using the electronic Payment Request System. Please attach a copy of the Travel Advance Form, the completed Travel Expense Voucher Form (RF-041), copies of the receipts, and all other required supporting documentation.

6. Payment for the net amount due the traveler will be issued after receipt of properly completed Travel Expense Voucher Form, receipts, and other required supporting documentation.

For assistance email us at [epayhelp@rfcuny.org](mailto:epayhelp@rfcuny.org) or call 212-417-8480.