RESEARCH FOUNDATION CUNY

RESEARCH FOUNDATION
of The City University of New York
230 West 41st Street
New York, NY 10036-7207

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 _____ $ 0.00

*Meals (per diem rate) _____ # of Days _____ 0.00

Lodging _____ Nights @ _____ 0.00

Other (specify) _____ 0.00

*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 0.00 x80% = $ 0.00

TOTAL $ 0.00

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.

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 or call 212-417-8480.