

THE FLORIDA STATE UNIVERSITY RESEARCH FOUNDATION, INC.

874 Traditions Way P.O. Box 3064166 Tallahassee, FL 32306-4166

TRAVEL PAYMENT REQUEST

RF Account #: _____ Advance Payment? YES NO

Payee: _____ No Social Security#/Federal ID required

Payee Address (home address required, if individual): _____

Special Instructions for Payment: _____

University Contact Person: _____ Telephone Number: _____

***Business Expense Purpose/Justification (required): _____

DATE	TIME OF DEPARTURE/ RETURN	TRAVEL from POINT-OF-ORIGIN to DESTINATION	MEALS or PER DIEM AMOUNT	OTHER EXPENSES AMOUNT	DESCRIPTION/EXPLANATION

	<u>Mileage Rate</u>		SUBTOTAL EXPENSES	\$	-
PERSONAL VEHICLE MILEAGE	0.445		VEHICLE MILEAGE TOTAL		-
			TOTAL TRAVEL EXPENSES	\$	-

Complete This Section if "ADVANCE" Payment Made Earlier:					
Advance: Check #	_____	Check Date	_____	LESS ADVANCE AMOUNT	_____
				NET AMOUNT TO PAY/(REFUND DUE TO FSURF)	\$ -

TRAVELER/PAYEE CERTIFICATION (Required for an Advance or When Payee is Individual)

I certify that this claim is true and correct. If an ADVANCE is requested for the above travel expenses, I understand that I must return any unexpended funds and submit a Payment Request documenting use of funds issued in advance upon completion of the travel. By signing below, I certify that I have not and will not be reimbursed for the above expenses by any other organization or funding source.

 Traveler/Payee Date
 (Signature Required)

APPROVALS

By signing below, I certify that the expenses claimed herein are appropriate and authorized in accordance with the purpose of the account being charged. In addition, I certify that the above expenses have not and will not be reimbursed by any other organization or funding agency

 Principal Investigator Date
 (Approval/Signature Required for All Payments)

 Supervisor, Dept Chair, Director, etc. Date
 (If Payment is to FSU Employee or Exceeds \$2,500, Signature Required)

 Dean, VP, Provost, or President Date
 (If Payment Exceeds \$10,000, Approval/Signature Required)

THIS SECTION FOR RESEARCH FOUNDATION USE ONLY

Vendor Number _____ Category/Object Code _____
 Check Number _____ Check Date _____
 ACCTG Date _____ ADMIN Date _____

Check Void Information (if applicable)

Check# _____ Void Date _____
 Reissue Check : YES NO
 Reason for Void: _____

FSURF BUSINESS OFFICE APPROVAL _____ Date _____