

The State University of New York
Potsdam

TRAVEL REQUISITION

Name _____ Title _____

Travel from Potsdam to _____ on _____
Date/Time

Return to Potsdam on _____
Date/Time

Purpose of travel _____

TRAVEL EXPENSES

Expenses:	Account to be Charged:	Authorized signature of account:	Estimated Charges:
<i>Lodging and Meals</i>			
<i>Personal Vehicle</i> _____ \times _____ <small>Miles Rate</small>			
<i>State Vehicle</i> _____ \times _____ <small>Miles Rate</small>			
<i>Air, Bus, Train Fare</i>			
<i>Registration Fee</i>			
<i>Miscellaneous Fees – Tolls & Expenses</i>			
<i>Total Cost of Trip</i>			

Note: Official travel status will not be approved without a proper account to be charged. Non-Departmental billing information must be provided by the traveler.

Traveler's Signature _____ Date _____

Supervisor/Dean/Dept. Chair _____ Date _____

Vice President _____ Date _____
(if out of state or out of country)

President _____ Date _____

Departments are responsible for making their own copies for their files. The original should be filled out and forwarded to Purchasing and Payables, Raymond 415, with all the proper signatures before the trip is taken.