

TRAVEL REQUEST
State University of New York at Oswego

T-1

Forward to Finance Office, 401 Culkin Hall AFTER all appropriate signatures.

P.O. # _____ Travel Req. # _____

P.O. # _____ Dept. # _____

Date _____

Name _____ Destination _____

Social Security # _____ Title _____

Dates of Trip _____ Purpose _____

Estimated Cost of Trip

TRAVEL

Common Carrier \$ _____

Personal Car \$ _____

Hotel and Meals \$ _____

Tolls and Parking \$ _____

Miscellaneous \$ _____

TOTAL \$ _____

Amount of Reimbursement

FULL

PARTIAL

\$ _____

\$ _____

TRANSPORTATION REQUEST

Agent _____

Amount of Ticket _____

SIGNATURES

Chairperson of funds being used

Dean

ADDITIONAL INFORMATION NEEDED

** Travel Advance forms should be attached if an advance is being requested. (At least 3 working days in advance.)

** Registration fees are to be paid on a standard purchase requisition.

Out of State
(Send for Presidential approval through Vice President of Finance, 705 Culkin Hall)

FINANCE OFFICE APPROVAL
