



**TRAVEL REQUISITION**

Acct. # \_\_\_\_\_ \$ \_\_\_\_\_  
 Acct. # \_\_\_\_\_ \$ \_\_\_\_\_

Submit with all required signatures prior to travel to allow for internal approvals, procedural compliance, and cost-effective trip planning. Send completed original signed copy to Purchasing & Payables, Raymond 518 and make a copy for your records. Review travel policy at [www.potsdam.edu/offices/purchasing/travel](http://www.potsdam.edu/offices/purchasing/travel).

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Last First MI  
 Department \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_  
 Purpose for Trip \_\_\_\_\_  
 Destination (City, State) \_\_\_\_\_  
 Departure \_\_\_\_\_ AM/PM Return \_\_\_\_\_ AM/PM  
 Date Time Date Time

**ANTICIPATED EXPENDITURES**

	UNSPSC Code <small>(office use only)</small>	TOTALS	PREPAID by STATE CREDIT CARD
<b>REGISTRATION</b> .....	(550030)	\$ _____	<input type="checkbox"/>
<b>TRANSPORTATION</b>			
Rental Car: Confirmation # _____ Location _____	(541500)	\$ _____	<input type="checkbox"/>
State Vehicle: _____ Miles @ \$ _____/mile .....	(543000)	\$ _____	<input type="checkbox"/>
<input type="checkbox"/> Airfare .....	(542150)	\$ _____	<input type="checkbox"/>
<input type="checkbox"/> Train .....	(542250)	\$ _____	<input type="checkbox"/>
<input type="checkbox"/> Personal Car mileage: _____ Miles @ \$ _____/mile .....	(543000)	\$ _____	<input type="checkbox"/>
<b>LODGING</b>			
<input type="checkbox"/> Receipted (per diem) _____ days x \$ _____/day .....	(542040)	\$ _____	<input type="checkbox"/>
<input type="checkbox"/> Un-receipted _____ days x \$ _____/day .....	(542000)	\$ _____	<input type="checkbox"/>
<b>MEALS</b>			
<input type="checkbox"/> Per Diem (overnight) _____ days x \$ _____/day .....	(542010)	\$ _____	<input type="checkbox"/>
<input type="checkbox"/> \$5/\$12 (day trip) _____ breakfast(s) @ \$ _____ .....	(542030)	\$ _____	<input type="checkbox"/>
_____ dinner(s) @ \$ _____ .....	(542030)	\$ _____	<input type="checkbox"/>
<b>INCIDENTAL EXPENSES</b>			
Parking \$ _____ Taxi \$ _____ Tolls/Bridges \$ _____ Subway \$ _____			
Internet \$ _____ Gas \$ _____ Other (explain) \$ _____	(540020)	\$ _____	<input type="checkbox"/>
<b>TOTAL COST OF TRIP</b>		\$ _____	

Persons who travel before obtaining all approvals do so at their own risk and may not be reimbursed for their travel costs.

**APPROVALS**

Traveler \_\_\_\_\_ Date \_\_\_\_\_ Traveler's Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
 \*Dean \_\_\_\_\_ Date \_\_\_\_\_ \*\*President's Council Designee \_\_\_\_\_ Date \_\_\_\_\_

**For faculty:** \*Dean and President's Council Designee approval is required for ALL faculty travel  
**For staff:** \*\*President's Council Designee approval is required for ALL staff travel

## ESSENTIAL TRAVEL JUSTIFICATION ADDENDUM

The mounting costs of responding to COVID-19 are certain to be unprecedented for the nation, state and our campus. Through this time, we are committed to keeping our campus community safe and helping our students achieve their educational goals.

To mitigate the financial impact for SUNY Potsdam, all travel will require justification and approval effective immediately until further notice.

Expenses must meet one of the following three categories to be approved:

1. **Health and Safety Expenses**
2. **Student Instruction**
3. **Recruitment and Retention**

This addendum should be attached to a Travel Requisition and submitted for approval. Completed and approved forms should be submitted to [ereqs@potsdam.edu](mailto:ereqs@potsdam.edu).

Brief Description of Travel:

Check the appropriate box below **and** explain why this travel is essential.

**Health or Safety**

**Student Instruction**

**Recruitment and Retention**

Brief Written Justification:

Current Account Balance: \_\_\_\_\_