



PAYMENT AUTHORIZATION FOR TRAVEL

This form confirms your trip has the approval of the Principal Investigator prior to any travel purchases. This form does not replace any form required by NYS agencies. Please confirm with your supervisor you have the appropriate approvals as required by NYS before submitting this form. *Some NYS approvals can take more than 30 days, particularly for out of state travel.*

TRAVELER INFORMATION			
Name		Destination (City, State)	
Travel Date (s)		Requires NYS approval	Traveler has RFMH Travel Card
Purpose of Trip		Yes No	Yes No*
		Work Location	
MODE OF TRAVEL - RFMH Travel Policy requires the most economical means for RFMH business			
For personal car use, Rental Car information is required so the reviewer can assess costs. I have a NYS vehicle			
Personal Car [Total Miles x IRS mileage rate]		Rental Car [Use RFMH Account JN0072]	
Miles _____ x Rate _____ = _____		Rental Cost _____ + Est. Gas _____ = _____	
Estimated Tolls: _____	Estimated Parking: _____	Estimated Tolls: _____	Estimated Parking: _____
Train - Departure	Cost _____	Train - Return	Cost _____
Date _____ Time _____ Train # _____		Date _____ Time _____ Train # _____	
Air Travel [Arrangements should be made through RFMH Concur.] Cost _____ + Fee _____ = _____			
LODGING INFORMATION			
Reservation/Confirmation #		Check In Date _____ Check Out Date _____	
Hotel Name		COST # of nights _____ x Nightly Rate _____ = _____	
Address			
CONFERENCE INFORMATION [Complete if attending a conference. Attach Brochure or Summary]			
Conference Fee _____		Is there special pricing for lodging? Yes No	
ACCOUNT INFORMATION - Project/Task/Award _____			
I have reviewed and approve this trip and the related charges. I confirm that all required NYS forms have been approved for this trip [as required], and that the most economical method of transportation has been chosen.			
If a more costly method is approved, please provide a reason: _____			
Principal Investigator/Designee [Please Print Name]		Principal Investigator/Designee Signature with Date	

* If you do not have an RFMH Travel Card, please work with the travel coordinator in your office for costs. If there is not a travel coordinator in your office, please email Contracts@rfmh.org with the word TRAVEL in the subject line for help.



Robert E. Burke, CPA
Managing Director

Research Foundation for Mental Hygiene, Inc.
150 Broadway, Suite 301, Menands, NY 12204
Phone: (518) 474-5661 Fax: (518) 474-6995

HOTEL CREDIT CARD AUTHORIZATION LETTER

This letter serves as authorization for the hotel named below to charge the Research Foundation for Mental Hygiene, Inc.'s Chase's MasterCard at the **government rate for hotel and room tax (where applicable) only**. This letter is approval for these charges.

**** Food and incidentals must be charged to the traveler's personal credit card, and are NOT authorized on this MasterCard account. ****

We are a Tax Exempt Organization in **New York and New Jersey**. Our Tax Exempt number is **127937**. The charges are for the individual(s) below.

Traveler Information

Reservation/Confirmation #: _____

Name of Traveler: _____

Check in Date: _____ Check out Date: _____

Hotel Name: _____

Address: _____
Street City State Zip

MasterCard #/Expiration Date: _____
To be completed by Central Office

Should you have any questions or require additional information, please call Ann Burek at (518) 474-5661.

Sincerely,

Robert E. Burke
Managing Director



New York State Department of Taxation and Finance
New York State and Local Sales and Use Tax
Exempt Organization
Exempt Purchase Certificate

ST-119.1
(7/02)

☒ Single purchase certificate

☐ Blanket certificate

Your exempt organization number is
not your federal employer
identification number (see instructions).

Exempt organization number (6-digit number
issued by the New York State Tax Department)

EX - 1 | 2 | 7 | 9 | 3 | 7

Name of seller	Name of exempt organization/purchaser		
Street address	Research Foundation for Mental Hygiene Inc.		
City	State	ZIP code	City
			Menands, NY 12204

The exempt organization **must be the direct purchaser and payer of record.**

You may **not** use this form to purchase motor fuel or diesel motor fuel exempt from tax.

Representatives of governmental agencies or diplomatic missions may not use this form.

Carefully read the instructions and other information on the back of this document.

I certify that the organization named above holds a valid Form ST-119, *Exempt Organization Certificate*, and is exempt from New York State and local sales and use taxes on its purchases.

I also certify that the above statements are true and correct. I make these statements with the knowledge that knowingly making a false or fraudulent statement on this document is a misdemeanor under section 1817 of the New York State Tax Law and section 210.45 of the Penal Law, punishable by imprisonment for up to a year and a fine of up to \$10,000 for an individual or \$20,000 for a corporation. I understand that the Tax Department is authorized to investigate the validity of the exemption claimed or the accuracy of any information entered on this form.

Print or type name of officer of organization Robert E. Burke	Title Managing Director
Signature of officer of organization <i>Robert E. Burke</i>	Date issued

Need help?



Telephone assistance is available from 8 a.m. to 5:55 p.m. (eastern time), Monday through Friday.

For business tax information, call the
New York State Business Tax
Information Center: 1 800 972-1233

For general information: 1 800 225-5829

To order forms and publications: 1 800 462-8100

From areas outside the U.S. and
outside Canada: (518) 485-6800



Fax-on-demand forms: Forms are
available 24 hours a day,
7 days a week. 1 800 748-3676



Internet access: www.tax.state.ny.us



Hotline for the hearing and speech impaired:

1 800 634-2110 from 8 a.m. to 5:55 p.m. (eastern time), Monday through Friday. If you do not own a telecommunications device for the deaf (TDD), check with independent living centers or community action programs to find out where machines are available for public use.



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 225-5829.



If you need to write, address your letter to:

NYS TAX DEPARTMENT
TAXPAYER CONTACT CENTER
W A HARRIMAN CAMPUS
ALBANY NY 12227