

PAYMENT AUTHORIZATION FOR TRAVEL

**** NOTE: Signed forms must be submitted to RFMH at least TWO weeks prior to travel** Please submit RFMH Travel Voucher at the completion of travel (no later than two weeks after).**

Traveler Information

Name of Traveler: _____ Destination: _____

Travel Date(s): _____ Purpose: _____
(Attach appropriate documentation, i.e. conference brochure, lodging information)

Lodging Information

Reservation/Confirmation #: _____

Check in Date: _____ Check out Date: _____ x \$ _____ = \$ _____
Nights Nightly Rate Total Cost

Hotel Name: _____

Address: _____
Street City State Zip

Phone: _____ Fax: _____ Email: _____

****Attach completed hotel credit card authorization letter and tax exempt forms for your hotel stay****

Mode of Travel

**** NOTE: RFMH Travel policy requires most economical means of transportation for RFMH business****

Rental car: (Call Enterprise Rental Car –Use RFMH acct # JN0072) _____ x _____ = \$ _____
Days Daily Rate Total

Train: Departs From: _____ Date: _____ Time: _____ Train #: _____ = \$ _____

Returns From: _____ Date: _____ Time: _____ Train #: _____ = \$ _____

Air: Call Travel Leaders at (518) 292-9000

Cost Agency Fee Total Cost
_____ + _____ = \$ _____

Account to Charge for Travel

_____/_____/_____
Project Task Award

Approval Information

Project Director/Designee Name – PLEASE PRINT Project Director/Designee Signature / DATE

RFMH CO Use Only: Date received: _____ BTA #: _____ Authorization to vendor: _____

Email completed documentation to Contracts@rfmh.org at the Central Office. Any questions, please call (518) 474-5661.



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 Wendy Furman at (518) 474-5661.

Sincerely,

Robert E. Burke (handwritten signature)

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			Street address		
City			City		
State		ZIP code	State		ZIP code
			Research Foundation for Mental Hygiene Inc.		
			150 Broadway, Suite 301		
			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?



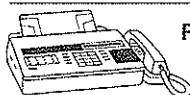
Telephone assistance is available from 8 a.m. to 5:55 p.m. (eastern time), Monday through Friday.

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