

Florida State University **College of Business Travel Request Form 2024-2025**

		Destination:						
	Faculty	PhD		Please	email com	ed form to:		
	_					_		
	oate Tim		Return: _	Date		Time	AM/PM	
include exact title (not ji class (include online cou	ose of your travel and ho ust the acronym). When u	ısing online funds, p	mission of the Un rovide an additi	iversity. If to	ravel is for	r a conference/or travel to the u	convention, please ndergraduate online	
Please be aware that trave	el is not approved automat or and the Dean's office. Do	ically. After this form			ss.fsu.edu, a	a copy will be ser	nt for signature approvals	
Please indicate estimated expenses				Please indicate estimated expenses				
Expense Type	Amo	ount	Expen	se Type		Am	ount	
Airfare (In Concur)			Мар І	Mileage	x \$0	number .445 per mile=	of miles city to city	
Hotel/ Lodging Single Occupancy rate	Hotel name			Fares				
	Price per night Number of nights o			king				
	Total Lodging Cost		Other: A	mount Type				
Conference Registration				oline car only				
AVIS/Budget Enterprise/National			Me	eals			d by funding ry & dept policy	
Hertz Compact Car Rate			TO 7	TAL:	\$			
	Use FSU Contract for a	l rental car reservatio	ons		•			
aforementioned travel is of Business policies and may receive. I, (Florida S 112.061 to cover the	procedures and acknowled	orida State University dge that if I do not, I m voluntarily accept to s) as stated above. Exa	v. I also agree tha nay be responsible receive travel expe mples can include:	t I will adhe for any incuri nses of less t Trip max do	re to all Fi ed expense han the full llar amoun	lorida Statutes, a es and/or the repo I amount as autho t, other outside e	s well as FSU and College ayment of any funds that I orized by Florida Statute FS ntities paying for travel	
Employee Signatui	·e:			Date: _				
Approvals (Admin Only):				E&G/CF	:	Online	Foundation	
Dept. ID/ Fund/Pro	ject:						. canaanon	
Dept Chair/Superv	isor:			Date: _				
*Additional Approx	als (ODL Travel only	<i>ı</i>):						
Academic Dept. Bu	dget Manager:							
*ODL Dept. ID/ Fund:				Date: .			Undated 05/1	