



Florida State University College of Business Travel Request Form

Traveler Name: _____ **Destination:** _____
Employee ID: _____ **Event Name:** _____
Staff: _____ **Faculty:** _____ **PhD:** _____ Please email completed and signed form

Departure: _____ **Date** _____ **Time** _____ **AM/PM** **Return:** _____ **Date** _____ **Time** _____ **AM/PM**

Please explain the purpose of your travel. If travel is for a conference/ convention/ workshop, please include exact title (not just the acronym). Provide additional benefit to the Office of Distance Learning including online course number (*required for ODL funding):

Please explain how travel will benefit the mission of the University:

Please be aware that travel is not approved automatically. After this form is submitted to travel@business.fsu.edu, a copy will be sent for signature approvals from the traveler's supervisor and the Dean's office. Do not book anything for travel until fully approved.

<i>Please indicate estimated expenses</i>		<i>Please indicate estimated expenses</i>	
Expense Type	Amount	Expense Type	Amount
Airfare (In Concur)		Map Mileage	_____ number of miles city to city x \$0 .445 per mile= _____
Hotel/ Lodging <i>Single Occupancy rate</i>	Hotel name _____	Taxi Fares	
	Price per night _____	Parking	
Conference Registration	Number of nights claimed _____	Other: Amount Type	
	Total Lodging Cost _____	Gasoline <i>rental car only</i>	
AVIS/Budget Enterprise/National Hertz Compact Car Rate	Use FSU Contract for all rental car reservations	Meals	Determined by funding source, itinerary & dept policy
		TOTAL:	\$ _____

By signing below, I certify that the information provided on this form is true and accurate to the best of my knowledge and attest that the aforementioned travel is for official business of Florida State University. I also agree that I will adhere to all Florida Statutes, as well as FSU and College of Business policies and procedures and acknowledge that if I do not, I may be responsible for any incurred expenses and/or the repayment of any funds that I may receive. I, (Florida State University Traveler) do voluntarily accept to receive travel expenses of less than the full amount as authorized by Florida Statute FS 112.061 to cover the trip dates and destination(s) as stated above. Examples can include: Trip max dollar amount, other outside entities paying for travel expense, internal department and College of Business travel policies as stated at faculty meetings and in writing via email.

Employee Signature: _____

Date: _____

Approvals (Admin Only):

Foundation/Project: _____

E&G CF ODL Foundation

Dept. ID/ Fund: _____

Dept Chair/Supervisor: _____

Date: _____

***Additional Approvals (ODL Travel only):**

Academic Dept. Budget Manager: _____

Date: _____

*ODL Dept. ID/ Fund: _____