



Florida State University College of Business Travel Request Form

Traveler Name: _____ Destination: _____
Employee ID: _____ Event Name: _____

Date Time Date Time

Departure: _____ AM/PM Return: _____ 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) and attach the program and agenda with this form: -

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

Education: <input type="checkbox"/>	Community Service: <input type="checkbox"/>
Research: <input type="checkbox"/>	Other: <input type="checkbox"/>

Others going to the same destination: _____

PERSONAL FUNDS <i>Please indicate anticipated expenses</i>		MEAL REIMBURSEMENT <i>Please indicate anticipated meals</i>					
Expense Type	Amount(s)/Notes <i>Please list charges separately</i>	Meal Dates	Requested Meals B L D ALL				Per Diem
Airfare							<input type="checkbox"/>
If known, Airline & Ticket #							<input type="checkbox"/>
Hotel/ Lodging <small>Single Occupancy rate</small>	Hotel name _____						<input type="checkbox"/>
	Price per night _____						<input type="checkbox"/>
	Number of nights claimed _____						<input type="checkbox"/>
	Total Lodging Cost _____						<input type="checkbox"/>
Conference Registration							
Enterprise/ National Rental Car (Compact Only) <small>FSU Contract #XZ55622</small>							
Gasoline <small>reimbursed with rental car only</small>							<input type="checkbox"/>
Map Mileage	_____ number of miles city to city x \$0.445 per mile= _____	<small>Meal Total</small> <small>Calculates from right</small>	Breakfast	<small>Lunch</small> <small>Calculate by hand</small>	Dinner	<small>Actual Meal & Per Diem</small> <small>Calculations will be done for you</small>	
Taxi Fares		<i>Per Diem is used when not requesting lodging reimbursement (ex: staying with friends or family)</i>					
Parking/Valet		Meal Allowances: Breakfast (\$6.00): travel before 6AM & beyond 8AM Lunch (\$11.00): travel before Noon & beyond 2PM Dinner (\$19.00): travel before 6PM & beyond 8PM					
Other: Amount Type		*** If any meals will be <u>provided</u> during your trip, that you know of in advance, please indicate dates below					
TOTAL:	\$	Breakfast: _____ Lunch: _____ Dinner: _____					



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Please provide any other additional information/justifications regarding your travel below or attach with submission (*optional*)
OR

Provide additional benefit to the Office of Distance Learning including course number (**required for ODL funding*):

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.

Signature: _____

Date: _____

Please submit to the appropriate Travel Rep at least two weeks prior to your travel.

<u>Travel Rep</u>	<u>Department</u>	<u>Email Address</u>
Amy Roach	Accounting	aroach@business.fsu.edu
Rebecca Stephenson	Business Analytics	rstephenson@business.fsu.edu
Sarah Cass	Finance	scass@business.fsu.edu
Eliza Knight	Management	eknight@business.fsu.edu
Jolene Dowden	Marketing	jdowden@business.fsu.edu
Kristen Tune	Risk Management and Insurance	ktune@business.fsu.edu
Luke Gordon	Dean's Office	lgordon@business.fsu.edu

Approvals (*Admin Only*):

Department Chair/ Supervisor: _____

Date: _____

Dept. ID/ Fund: _____

Foundation/ Project: _____

E&G

CF

ODL*

Foundation

Project

**If ODL funding selected, please verify justification provided at top of page two is relevant to online courses.*

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

Academic Dept. Dean or Designee: _____

Date: _____

Academic Dept. Budget Manager: _____

Date: _____

ODL Dept. ID/ Fund: _____

***Office of Distance Learning Approvals:**

ODL Director or Designee: _____

Date: _____

ODL Budget Manager: _____

Date: _____

Please remember that the following will be needed upon your return for reimbursement:

Program & Agenda

Airfare Receipt- Must have Itinerary, Ticket #, and Proof of Payment (*i.e. last 4 of credit card used to pay*)

Receipts- Proof of payment needed on receipts

Itemized Hotel Receipt- Must have zero balance with proof of payment. (*Justification Required if nightly rate, excluding taxes, exceeds \$150. No justification is accepted if event was organized by a State of Florida agency or university*)

All Receipts for Enterprise Rental Car, Taxis/Uber, Parking, Tolls, Fuel, etc.

*****The University will not reimburse for any tickets paid by reward points (*i.e. Sky miles, motel reward points, etc.*)**

Helpful Links:

<http://controller.vpfa.fsu.edu/travel>

<http://controller.vpfa.fsu.edu/sites/default/files/media/doc/Travel/Travel%20Reference%20Guide.pdf>

Enterprise/ National Car Rental: https://partner.rentalcar.com/StateofFlorida/#/business/others/college_university/floridastateuni/

<http://controller.vpfa.fsu.edu/travel/ground-transportation/frequently-asked-questions-enterprise-national>