

Department Head / Supervisor / PI Approval



REQUEST TO TRAVEL

Traveler Inform	ation					
Traveler's Name			De	Department		
Travel Destination			Pu	Purpose (e.g., Conference Name, Meeting Name)		
Departure Date		Est. Departure Time		turn Date	Est. Return Time	
Benefit to Florida	State Universit	y:				
Additional Infor	mation:					
Estimated Trave	el Expenses			Total Travel Reque	st:	
Hotel Accommodations		# of nights	nightly rate	# of rooms	hotel total	
Airfare		# of tickets	price per ticket		airfare total	
Mileage (round trip)		# of miles	mileage rate		mileage total	
Charter Transportation (group travel only)		name of charter company charter rate		charter total		
Car Rental (compact class unless justified)		rental rate (per day)	# of days		car rental total	
Conference Registration		registration cost	registration due d	ate	registration total	
Incidentals	Taxi	Parking	Tolls	Other	incidentals total	
Meals					incluentais total	
Breakfast	per day	# of days	# of people (group travel)		breakfast total	
Lunch per day Dinner		# of days	# of people (group travel) lunch to		lunch total	
Dimei	per day	# of days	# of people (g	roup travel)	dinner total	
Approvals						
Department ID / Fund / Project				unding Type: E&C	G C&G Foundation	
Additional Com	nments:					

Fiscal Manager Approval