



REQUEST TO TRAVEL

Traveler Inform	nation							
Traveler's Name				Department				
Travel Destination				Purpose (e.g., Conference Name, Meeting Name)				
Departure Date		Est. Departure Time		Return Date		Est.	Est. Return Time	
Benefit to Florida	state Universit	y:						
Additional Infor	mation:							
Estimated Trave	el Expenses	Total Travel Request:						
Hotel Accommodations		# of nights	# of nights nightly rate		# of rooms		hotel total	
Airfare		# of tickets price per		icket			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 da	ıys			car rental total	
Conference Registration		registration cost registration due date				registration total		
Incidentals	Taxi	Parking	Tolls	Othe	r		incidentals total	
Meals							inciaentais totai	
Breakfast	Breakfast per day		# of people (group travel)			breakfast total		
Lunch	per day	# of days # of days	# of pec	eople (group travel)			lunch total	
Dinner	per day	# of days					dinner total	
Approvals								
Department ID / Fund / Project				Funding Ty	pe: E&G	C&G	Foundation	

Department Head / Supervisor / PI Approval Fiscal Manager Approval

Additional Comments: