

Department Head / Supervisor / PI Approval



## **REQUEST TO TRAVEL**

Traveler's Name  Travel Destination				Department			
				Purpose (e.g., Conference Name, Meeting Name)			
Departure Date		Est. Departure Time		Return Date		Est. Return Time	
Benefit to Florida	State Universi	ty:					
Additional Inforn	nation:						
Estimated Travel	l Expenses		Total Travel Request:				
Hotel Accommodations  Airfare		# of nights	nightly ra	ite	# of rooms	hotel total	
		# 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 day	# of days		car rental total	
Conference Registration		registration cost	registration due date		registration total		
Incidentals	Taxi	Parking	Tolls	Other	,	instruction and	
Meals						incidentals total	
Breakfast	per day	# of days	# of peop	# of people (group travel)		breakfast total	
Lunch	per day	# of days	# of peop	f people (group travel) f people (group travel)		lunch total	
Dinner	per day	# of days	# of peop			dinner total	

Fiscal Manager Approval

Updated 6/30/2023