

**Florida State University**  
**College of Business Travel Request Form 2025-2026**

**Traveler Name:** \_\_\_\_\_ **Destination:** \_\_\_\_\_

**Event Name:** \_\_\_\_\_

Please email completed and signed form to:

Staff                      Faculty                      PhD

Date

Time

Date

Time

**Departure:** \_\_\_\_\_ **AM/PM** **Return:** \_\_\_\_\_ **AM/PM**

Please explain the purpose of your travel and how it will benefit the mission of the University. If travel is for a conference/convention, please include exact title (not just the acronym). When using online funds, provide an additional benefit tying your travel to the undergraduate online class (include course number). Please include any special details, including personal travel days or unusual starting/ending points of travel.

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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 to 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 <b>(In Concur)</b>		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	
	Number of nights claimed _____	Other: Amount Type	
	Total Lodging Cost _____	Gasoline <i>rental car only</i>	
Conference Registration		Meals	Determined by funding source, itinerary & dept policy
AVIS/Budget Enterprise/National Hertz Compact Car Rate	Use FSU Contract for all rental car reservations	<b>TOTAL:</b>	<b>\$</b>

*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):**

**E&G/CF**

**Online**

**Foundation**

**Dept. ID/ Fund/Project:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Dept Chair/Supervisor:** \_\_\_\_\_

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

**Academic Dept. Budget Manager:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*ODL Dept. ID/ Fund:** \_\_\_\_\_