

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.

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 (In Concur) | | Map Mileage | _____ number of miles city to city x \$0 .445 per mile= _____ |
| Hotel/ Lodging <i>Single Occupancy rate</i> | Hotel name _____ Price per night _____ Number of nights claimed _____ Total Lodging Cost _____ | Taxi Fares | |
| | | Parking | |
| | | Other: Amount Type | |
| Conference Registration | | Gasoline <i>rental car only</i> | |
| AVIS/Budget Enterprise/National Hertz Compact Car Rate | | Meals | Determined by funding source, itinerary & dept policy |
| | | TOTAL: | \$ |
| | Use FSU Contract for all rental car reservations | | |

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: _____

Dept Chair/Supervisor: _____

Date: _____

*Additional Approvals (ODL Travel only):

Academic Dept. Budget Manager: _____

Date: _____

*ODL Dept. ID/ Fund: _____