Creating a Travel Request

I. Travel Forms

Before you close out your web browser, be sure to come back to the purchase request form and click “SUBMIT.”

Travel Forms (Request, Reimbursement, Group, AVIS and Registration)

- Please indicate which travel form you are submitting with this request: (required)
  - Travel Request Form
  - Travel Reimbursement Form
  - AVIS Rental Request
  - Registration Payment Request

- Organization’s Name: (required)

- Department number: (required)

- Individual Initiating Request: (required)

- Individual’s Contact Number and Email Address: (required)

- Destination/Description: (required)

- Date and Time of Departure from FSU: (required)

- Date and Time of Arrival to Destination: (required)

- Date and Time of Departure from Destination: (required)

- Date and Time of Return to FSU: (required)

- Are you departing from an airport other than Tallahassee?: (required)
  - Yes (please specify)
  - No

- What is the purpose of this trip?: (required)

- Please state its benefit to the University: (required)
Creating a Travel Request

I. Travel Forms

Before you close out your web browser, be sure to come back to the purchase request form and click “SUBMIT.”

Travel Forms (Request, Reimbursement, Group, AVIS and Registration)

Please indicate which travel form you are submitting with this request: (required)

☐ Travel Request Form
☐ Travel Reimbursement Form
☐ AVIS Rental Request
☐ Registration Payment Request

Organization’s Name: (required)

Department number: (required)

Individual Initiating Request: (required)

Individual’s Social Security Number and Email Address: (required)

Destination/Description: (required)

Date and Time of Departure from FSU: (required)

Date and Time of Arrival to Destination: (required)

Date and Time of Departure from Destination: (required)

Date and Time of Return to FSU: (required)

Are you departing from an airport other than Tallahassee? (required)

☐ Yes (please specify)
☐ No

What is the purpose of this trip? (required)

Please state its benefit to the University: (required)
Creating a Travel Request

I. Travel Forms

Before you close out your web browser, be sure to come back to the purchase request form and click “SUBMIT.”

Travel Forms (Request, Reimbursement, Group, AVIS and Registration)

- Please indicate which travel form you are submitting with this request: (required)
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- Organization’s Name: (required)

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- Individual's Contact Number and Email Address: (required)

- Destination/Description: (required)

- Date and Time of Departure from FSU: (required)

- Date and Time of Arrival to Destination: (required)

- Date and Time of Departure from Destination: (required)

- Date and Time of Return to FSU: (required)

- Are you departing from an airport other than Tallahassee?: (required)
  - Yes (please specify)
  - No

- What is the purpose of this trip?: (required)

- Please state its benefit to the University: (required)

Department Number: Organization’s Department ID can be found by calling the SGA Accounting office at (850) 644-6914.
# Creating a Travel Request

## I. Travel Forms

*Before you close out your web browser, be sure to come back to the purchase request form and click “SUBMIT.”*

### Travel Forms (Request, Reimbursement, Group, AVIS and Registration)

- Please indicate which travel form you are submitting with this request: *(required)*
  - Travel Request Form
  - Travel Reimbursement Form
  - AVIS Rental Request
  - Registration Payment Request

### Destination/Description: *(required)*

Provide the conference name and place.

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization’s Name</td>
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<tr>
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<td>Date and Time of Arrival to Destination</td>
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<td><em>(required)</em></td>
</tr>
<tr>
<td>Are you departing from an airport other than Tallahassee?</td>
<td><em>(required)</em></td>
</tr>
<tr>
<td>Yes (please specify)</td>
<td><em>(required)</em></td>
</tr>
<tr>
<td>No</td>
<td><em>(required)</em></td>
</tr>
<tr>
<td>What is the purpose of this trip?</td>
<td><em>(required)</em></td>
</tr>
<tr>
<td>Please state its benefit to the University</td>
<td><em>(required)</em></td>
</tr>
</tbody>
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I. Travel Forms

**Before you close out your web browser, be sure to come back to the purchase request form and click “SUBMIT.”**

### Travel Forms (Request, Reimbursement, Group, AVIS and Registration)

Please indicate which travel form you are submitting with this request: *(required)*
- [ ] Travel Request Form
- [ ] Travel Reimbursement Form
- [ ] AVIS Rental Request
- [ ] Registration Payment Request

**Organization’s Name: (required)**

**Department number: (required)**

**Individual Initiating Request: (required)**

**Individual’s Contact Number and Email Address: (required)**

**Destination Description: (required)**

**Date and Time of Departure from FSU: (required)**

**Date and Time of Arrival to Destination: (required)**

**Date and Time of Departure from Destination: (required)**

**Date and Time of Return to FSU: (required)**

**Are you departing from an airport other than Tallahassee? (required)**

- [ ] Yes (please specify)
- [ ] No

**What is the purpose of this trip? (required)**

**Please state its benefit to the University: (required)**

**Purpose of Trip:** Provide a statement on the purpose of the trip.
## I. Travel Forms

*Before you close out your web browser, be sure to come back to the purchase request form and click “SUBMIT.”*

<table>
<thead>
<tr>
<th>Travel Forms (Request, Reimbursement, Group, AVIS and Registration)</th>
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<tbody>
<tr>
<td>Please indicate which travel form you are submitting with this request: <em>(required)</em></td>
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<td>[ ] Travel Request Form</td>
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<td>[ ] Registration Payment Request</td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td>[ ] Department number: <em>(required)</em></td>
</tr>
<tr>
<td>[ ] Individual Initiating Request: <em>(required)</em></td>
</tr>
</tbody>
</table>

*Individual’s Contact Number and Email Address: *(required)*

<table>
<thead>
<tr>
<th>Destination/Description: <em>(required)</em></th>
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<tr>
<td>[ ] Date and Time of Departure from FSU: <em>(required)</em></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Are you departing from an airport other than Tallahassee?: <em>(required)</em></th>
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</thead>
<tbody>
<tr>
<td>[ ] Yes (please specify)</td>
</tr>
<tr>
<td>[ ] No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What is the purpose of this trip?: <em>(required)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Please state its benefit to the University: <em>(required)</em></td>
</tr>
</tbody>
</table>

**Benefit to the University:** Provide a brief statement on how this trip benefits the University.
II. Travel Request Form

Complete this form for out-of-pocket costs which you will be requesting a reimbursement.

Reimbursed Traveler's Name: (required)

Reimbursed Traveler's Address: (required)

Reimbursed Traveler's Contact Number and Email Address: (required)

FSU Employee ID (if employed by FSU): (required)

Emergency Contact Name and Phone Number: (required)

Number of Students Traveling with You: (required)

If any other students are traveling with you, a group travel roster must be completed and uploaded. If any of these students are paying out of pocket and need to be reimbursed, he/she must fill out a separate travel request.

Please upload Group Travel Roster for all participants in your travel request.

Please indicate expense item(s) and amount:

☐ Air Travel In-State ($___ and Ticket No. ___)

☐ Air Travel Out-of-State ($___ and Ticket No. ___)

☐ Mileage (Private Vehicle ___ mi. x $0.445 per mi.)

☐ Gas Estimate (for Avis Car Rental only; must complete Avis Rental Form)

☐ Lodging ($___/per night) x ___[nights] x ___[rooms]

☐ Breakfast ($6.00 per meal)

☐ Lunch ($11.00 per meal)

☐ Dinner ($19.00 per meal)

☐ Registration Fee ($___ x ___# of registrations) (if requesting pre-payment of registration fees, submit a Registration Request form 20 school days prior to due date)

☐ Per Diem ($80 per day)

☐ Incidental Expenses:

Total Cost of Travel Request: (required)
II. Travel Request Form

TRAVEL REQUEST FORM

Complete this form for out of pocket costs which you will be requested to reimburse.

Reimbursed Traveler’s Name: (required)

Reimbursed Traveler’s Address: (required)

Reimbursed Traveler’s Contact Number and Email Address: (required)

FSU Employee ID (if employed by FSU): (required)

Emergency Contact Name and Phone Number: (required)

Number of Students Traveling with You: (required)

If any other students are traveling with you, a group travel roster must be completed and uploaded. If any of these students are paying out of pocket and need to be reimbursed, he/she must fill out a separate travel request.

Please upload Group Travel Roster for all participants in your travel request

Upload File

Please indicate expenses and amount:

☐ Air Travel In-State ($____ and Ticket No. ____)

☐ Air Travel Out-of-State ($____ and Ticket No. ____)

☐ Mileage (Private Vehicle__ miles x $0.445 per mile):

☐ Gas Estimate (for Avis Car Rental only; must complete Avis Rental Form):

☐ Lodging ($____ per night) x ____ [of nights] x ____ [of rooms]:

☐ Breakfast ($5.00 per meal):

☐ Lunch ($11.00 per meal):

☐ Dinner ($19.00 per meal):

☐ Registration Fee ($____ x ____ # of registrations) [if requesting pre-payment of registration fees, submit a Registration Request form 20 school days prior to due date]:

☐ Per Diem ($80 per day):

☐ Lunch:

☐ Incidental Expenses:

Total Cost of Travel Request: (required)
Creating a Travel Request

II. Travel Request Form

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Reimbursed Traveler's Name</td>
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</tr>
<tr>
<td>Reimbursed Traveler's Contact Number and Email Address</td>
<td></td>
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<td>FSU Employee ID (if employed by FSU)</td>
<td></td>
</tr>
<tr>
<td>Emergency Contact Name and Phone Number</td>
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<td></td>
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</tr>
<tr>
<td>Please indicate expense item(s) and amount</td>
<td></td>
</tr>
<tr>
<td>Air Travel In-State ($ and Ticket, No.)</td>
<td></td>
</tr>
<tr>
<td>Air Travel Out-of-State ($ and Ticket, No.)</td>
<td></td>
</tr>
<tr>
<td>Mileage (Private Vehicle, ___ mi. x $0.445 per mi)</td>
<td></td>
</tr>
<tr>
<td>Gas Estimate (for Avis Car Rental only; must complete Avis Rental Form)</td>
<td></td>
</tr>
<tr>
<td>Lodging ($ per night x ___ nights x ___ rooms)</td>
<td></td>
</tr>
<tr>
<td>Breakfast ($6.00 per meal)</td>
<td></td>
</tr>
<tr>
<td>Lunch ($11.00 per meal)</td>
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<td>Registration Fee ($ x ___ of registrations)</td>
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</tr>
<tr>
<td>Per Diem ($80 per day)</td>
<td></td>
</tr>
<tr>
<td>Incidental Expenses</td>
<td></td>
</tr>
<tr>
<td>Total Cost of Travel Request: (required)</td>
<td></td>
</tr>
</tbody>
</table>

FSU Employee ID: If you do not have an FSU Employee ID, you must fill-out and submit a "Non-Employee Traveler Profile" located here: [http://controller.vpfa.fsu.edu/content/download/3983/28720/file/Non-Employee%20Traveler%20Profile%20Form%202004-2013.pdf](http://controller.vpfa.fsu.edu/content/download/3983/28720/file/Non-Employee%20Traveler%20Profile%20Form%202004-2013.pdf)
II. Travel Request Form

Complete this form for out-of-pocket costs which you will be requesting a reimbursement.

**Reimbursed Traveler’s Name:** (required)

**Reimbursed Traveler’s Address:** (required)

**Reimbursed Traveler’s Contact Number and Email Address:** (required)

**FSU Employee ID (if employed by FSU):** (required)

**Emergency Contact Name and Phone Number:** (required)

**Number of Students Traveling With You:** (required)

If any other students are traveling with you, a group travel roster must be completed and uploaded. If any of these students are paying out of pocket and need to be reimbursed, he/she must fill out a separate travel request.

Please upload Group Travel Roster for all participants in your travel request.

**Please indicate expense type(s) and amount:**

- **Air Travel In-State** ($___ and Ticket No ___)
- **Air Travel Out-of-State** ($___ and Ticket No ___)
- **Mileage (Private Vehicle **___** mi. x $0.445 per mi.)**
- **Gas Estimate** (for use of car rental only; must complete Avis Rental Form)
- **Lodging** ($___ per night x ___[of nights] x ___[of rooms])
- **Breakfast** ($5.00 per meal)
- **Lunch** ($11.00 per meal)
- **Dinner** ($19.00 per meal)
- **Registration Fee** ($___ x ___[of registrations] if requesting pre-payment of registration fees, submit a Registration Request form 20 school days prior to due date)
- **Per Diem** ($30 per day)
- **Incidental Expenses**

**Total Cost of Travel Request:** (required)
Travel Expenses: Check all expenses that apply. Then calculate and provide the amount based on the details of the trip.
Creating a Travel Request

II. Travel Request Form

TRAVEL REQUEST FORM

Complete this form for out-of-pocket costs which you will be requesting a reimbursement.

Reimbursed Traveler’s Name: (required)

Reimbursed Traveler’s Address: (required)

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Please upload Group Travel Roster for all participants in your travel request

Upload File

Please indicate expense item(s) and amount:

☐ Air Travel In-State ($___ and Ticket No. ___)

☐ Air Travel Out-of-State ($___ and Ticket No. ___)

☐ Mileage (Private Vehicle: ___ mi. x $0.445 per mi.)

☐ Gas Estimate (for Avis Car Rental only; must complete Avis Rental Form)

☐ Lodging ($___ per night) x ___[nights] x ___[rooms]

☐ Breakfast ($6.00 per meal):

☐ Lunch ($11.00 per meal):

☐ Dinner ($19.00 per meal):

☐ Registration Fee ($___ x ___) of registrations (if requesting pre-payment of registration fees, submit a Registration Request form 20 school days prior to due date):

☐ Per Diem ($____ per day):

☐ Incidental Expenses:

Total Cost of Travel Request: (required)

Total Cost of Travel Request: Add up the preceding numbers to calculate the total.
III. Travel Reimbursement Form

TRAVEL REIMBURSEMENT FORM

It is our policy to reimburse up to the amount approved on your travel request form for expenses incurred. Receipts for all expenses other than food and mileage must be attached for pre-approved reimbursement.

If there are any changes regarding your travel details, please complete the travel detail change section below if the number of students travelling differs from the original roster, please attach a revised travel roster. If current address has changed, please provide current address.

Traveler's Name: (required)  

Traveler's Current Address: (required)  

AMOUNT ENCUMBERED: (required)  

Reimbursement covers the cost for ___ traveler(s) (required)  

Travel Expenses Reimbursed to Student: (required)  

☐ Registration ($___ x ___ # of registrations)  

☐ Lodging ($___/per night x ___ # of nights) x ___ # of rooms)  

☐ Air Travel ($___ and Ticket No. ___)  

☐ Avis Car Rental ($___)  

☐ Gas (Avis Car only: $___)  

☐ Mileage (Private Vehicle only: ___ ml x $0.445 per ml)  

☐ Meals (___ breakfasts @ $6) + (___ lunches @ $11) + (___ dinners @ $19)  

☐ Other (please specify):  

Total Costs of Travel Reimbursements: (required)  

Please upload gas mileage receipts for Avis Car Rental:  

Please upload revised travel roster, if applicable:  

Please provide details for any changes that occurred in your travel plans for this trip:  

Creating a Travel Request

III. Travel Reimbursement Form

TRAVEL REIMBURSEMENT FORM

It is our policy to reimburse up to the amount approved on your travel request form for expenses incurred. Receipts for all expenses other than food and mileage must be attached for pre-approved reimbursement.

If there are any changes regarding your travel details, please complete the travel detail change section below if the number of students traveling differs from the original roster; please attach a revised travel roster. If current address has changed, please provide current address.

Travelers Name: (required)

Traveler’s Current Address: (required)

AMOUNT ENCUMBERED: (required)

Reimbursement covers the cost for ____ traveler(s) (required)

Travel Expenses Reimbursed to Student: (required)

- Registration ($___ x ___ of registrations)
- Lodging ($___/night x ___ of nights) x ___ of rooms)
- Air Travel ($___ and Ticket No. ___)
- Avis Car Rental ($___)
- Gas (Avis Car only, $___)
- Mileage (Private Vehicle only, ___ mi. x $0.445 per mi.)
- Meals (___ breakfasts @ $8) + (___ lunches @ $11) + (___ dinners @ $19)
- Other (please specify):

Total Costs of Travel Reimbursements: (required)

Please upload gas mileage receipts for AVIS Car Rental:

Upload File

Please upload revised travel roster, if applicable:

Upload File

Please provide details for any changes that occurred in your travel plans for this trip:
III. Travel Reimbursement Form

TRAVEL REIMBURSEMENT FORM

It is our policy to reimburse up to the amount approved on your travel request form for expenses incurred. Receipts for all expenses other than food and mileage must be attached for pre-approved reimbursement.

If there are any changes regarding your travel details, please complete the travel detail change section below if the number of students traveling differs from the original roster, please attach a revised travel roster. If current address has changed, please provide current address.

Traveler's Name: (required)

Traveler's Current Address: (required)

AMOUNT ENCUMBERED: (required)

Reimbursement covers the cost for ___ traveler(s): (required)

Travel Expenses Reimbursed to Student: (required)

- [ ] Registration ($____ x ____ # of registrations)
- [ ] Lodging ($____/night x ____ # of nights) x ____ # of rooms
- [ ] Air Travel ($____ and Ticket No.____)
- [ ] Avis Car Rental ($____)
- [ ] Gas (Avis Car only: $____)
- [ ] Mileage (Private Vehicle only: ____ mi. x $0.445 per mi.)
- [ ] Meals (____ breakfasts @ $6) + (____ lunches @ $11) + (____ dinners @ $19)
- [ ] Other (please specify): ___

Total Costs of Travel Reimbursements: (required)

Please upload gas mileage receipts for Avis Car Rental:
Upload file

Please upload revised travel roster, if applicable:
Upload file

Please provide details for any changes that occurred in your travel plans for this trip:

Amount Encumbered: This is the final total for all expenses.
III. Travel Reimbursement Form

TRAVEL REIMBURSEMENT FORM

It is our policy to reimburse up to the amount approved on your travel request form for expenses incurred. Receipts for all expenses other than food and mileage must be attached for pre-approved reimbursement.

If there are any changes regarding your travel details, please complete the travel detail change section below if the number of students traveling differs from the original roster, please attach a revised travel roster. If current address has changed, please provide current address.

Travelers Name: (required)

Traveler's Current Address: (required)

AMOUNT ENCUMBERED: (required)

Reimbursement covers the cost for ___ traveler(s). (required)

Travel Expenses Reimbursed to Student: (required)

☐ Registration ($___ x ___ # of registrations): 

☐ Lodging ($___ [per night] x ___ # of nights) x ___ # of rooms:

☐ Air Travel ($___ and Ticket No. ___)

☐ Avis Car Rental ($___)

☐ Gas (Avis Car only): $___

☐ Mileage (Private Vehicle only): ___ mi. x $0.445 per mi.

☐ Meals (___ breakfasts @ $6) + (___ lunches @ $11) + (___ dinners @ $19)

☐ Other (please specify):

Total Costs of Travel Reimbursements: (required)

Please upload gas mileage receipts for Avis Car Rental:

[Upload File]

Please upload revised travel roster, if applicable:

[Upload File]

Please provide details for any changes that occurred in your travel plans for this trip:

[Details]

Travel Expenses: Check all expenses that apply. Then calculate and provide the amount based on the details of the trip.
III. Travel Reimbursement Form

TRAVEL REIMBURSEMENT FORM

It is our policy to reimburse up to the amount approved on your travel request form for expenses incurred. Receipts for all expenses other than food and mileage must be attached for pre-approved reimbursement.

If there are any changes regarding your travel details, please complete the travel detail change section below if the number of students travelling differs from the original roster, please attach a revised travel roster. If current address has changed, please provide current address.

Traveler's Name: (required)

Traveler's Current Address: (required)

AMOUNT ENCUMBERED: (required)

Reimbursement covers the cost for ___ traveler(s): (required)

Travel Expenses Reimbursed to Student: (required)
- Registration ($___ x ___ # of registrations)
- Lodging ($___ [per night] x ___ # of nights) x ___ # of rooms)
- Air Travel ($___ and Ticket No. ___)
- Avis Car Rental ($___)
- Gas (Avis Car only; $___)
- Mileage (Private Vehicle only; ___ mi. x $0.445 per mi.)
- Meals (___ breakfasts @ $6) + (___ lunches @ $11) + (___ dinners)
- Other (please specify):

Total Cost of Travel Reimbursements: (required)

Please upload gas mileage receipts for Avis Car Rental:
[Upload File]

Please upload revised travel roster, if applicable:
[Upload File]

Please provide details for any changes that occurred in your travel plans for this trip:
III. Travel Reimbursement Form

TRAVEL REIMBURSEMENT FORM

It is our policy to reimburse up to the amount approved on your travel request form for expenses incurred. Receipts for all expenses other than food and mileage must be attached for pre-approved reimbursement.

If there are any changes regarding your travel details, please complete the travel detail change section below if the number of students travelling differs from the original roster, please attach a revised travel roster. If current address has changed, please provide current address.

Traveler's Name: (required)  

Traveler's Current Address: (required)  

AMOUNT ENCUMBRED: (required)  

Reimbursement covers the cost for ___ traveler(s) (required)  

Travel Expenses Reimbursed to Student: (required)  

☐ Registration ($___ x ___ # of registrations)  

☐ Lodging ($___ per night x ___ # of nights) x ___ # of rooms)  

☐ Air Travel ($___ and Ticket No. ___)  

☐ Avis Car Rental ($___)  

☐ Gas (Avis Car only; $___)  

☐ Mileage (Private Vehicle only; ___ mi. x $0.445 per mi.)  

☐ Meals (___ breakfasts @ $6) + (___ lunches @ $11) + (___ dinners @ $19)  

☐ Other (please specify):  

Total Costs of Travel Reimbursements: (required)  

Please upload gas mileage receipts for Avis Car Rental:  

Please upload revised travel roster, if applicable:  

Please provide details for any changes that occurred in your travel plans for this trip:  

AVIS Car Rental Receipts: If an Avis vehicle was rented for this trip, please include the gas receipts.
III. Travel Reimbursement Form

TRAVEL REIMBURSEMENT FORM

It is our policy to reimburse up to the amount approved on your travel request form for expenses incurred. Receipts for all expenses other than food and mileage must be attached for pre-approved reimbursement.

If there are any changes regarding your travel details, please complete the travel detail change section below if the number of students travelling differs from the original roster, please attach a revised travel roster. If current address has changed, please provide current address.

Travelers Name: (required)

Traveler's Current Address: (required)

AMOUNT ENCUMBRED: (required)

Reimbursement covers the cost for ___ traveler(s) (required)

Travel Expenses Reimbursed to Student: (required)

☐ Registration ($__ x # of registrations)

☐ Lodging ($__ per night x ___ of nights) x ___ of rooms)

☐ Air Travel ($__ and Ticket No. ___)

☐ Avis Car Rental ($__)

☐ Gas (Avis Car only: $__)

☐ Mileage (Private Vehicle only: ___ mi x $0.445 per mi)

☐ Meals (___ breakfasts @ $6) + (___ lunches @ $11) + (___ dinners @ $19)

☐ Other (please specify):

Total Costs of Travel Reimbursements: (required)

Please upload gas mileage receipts for Avis Car Rental:

Upload File

Please upload revised travel roster, if applicable:

Upload File

Please provide details for any changes that occurred in your travel plans for this trip:
### III. Travel Reimbursement Form

**TRAVEL REIMBURSEMENT FORM**

It is our policy to reimburse up to the amount approved on your travel request form for expenses incurred. Receipts for all expenses other than food and mileage must be attached for pre-approved reimbursement.

If there are any changes regarding your travel details, please complete the travel detail change section below if the number of students traveling differs from the original roster, please attach a revised travel roster. If current address has changed, please provide current address.

<table>
<thead>
<tr>
<th>Field</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traveler's Name</td>
<td>(required)</td>
</tr>
<tr>
<td>Traveler's Current Address</td>
<td>(required)</td>
</tr>
<tr>
<td>AMOUNT ENCUMBERED</td>
<td>(required)</td>
</tr>
<tr>
<td>Reimbursement covers the cost for traveler(s)</td>
<td>(required)</td>
</tr>
<tr>
<td>Travel Expenses Reimbursed to Student</td>
<td>(required)</td>
</tr>
<tr>
<td>Registration ($x x # of registrations)</td>
<td></td>
</tr>
<tr>
<td>Lodging ($x per night x # of nights) x # of rooms</td>
<td></td>
</tr>
<tr>
<td>Air Travel ($x and Ticket No. x)</td>
<td></td>
</tr>
<tr>
<td>Avis Car Rental ($x)</td>
<td></td>
</tr>
<tr>
<td>Gas (Avis Car only, $x)</td>
<td></td>
</tr>
<tr>
<td>Mileage (Private Vehicle only: ml x $0.445 per ml)</td>
<td></td>
</tr>
<tr>
<td>Meals (breakfasts @ $x) + (lunches @ $1) + (dinners @ $19)</td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

**Total Costs of Travel Reimbursements:** (required)

Please upload gas mileage receipts for Avis Car Rental:

[Upload File]

Please upload revised travel roster, if applicable:

[Upload File]

Please provide details for any changes that occurred in your travel plans for this trip:
### IV. AVIS Rental Request

**AVIS RENTAL REQUEST**

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardholder’s Name</td>
<td>Required</td>
</tr>
<tr>
<td>Telephone Number &amp; Email Address</td>
<td>Required</td>
</tr>
<tr>
<td>Driver’s Name</td>
<td>Required</td>
</tr>
<tr>
<td>Driver’s Address</td>
<td>Required</td>
</tr>
<tr>
<td>Driver’s Telephone Number and Email Address</td>
<td>Required</td>
</tr>
<tr>
<td>FSU Employee ID (if employed by FSU)</td>
<td>Required</td>
</tr>
<tr>
<td>Emergency Contact Name and Telephone Number</td>
<td>Required</td>
</tr>
</tbody>
</table>

If any students traveling are paying out of pocket and need to be reimbursed, he/she must fill out a separate travel request.

**AVIS Pickup Location** (Required)

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of vehicles for travel</td>
<td>Required</td>
</tr>
</tbody>
</table>

Please provide information below for selected number of rental vehicles: (required)

1. Reservation #, Driver’s Name and $___ per vehicle:

2. Reservation #, Driver’s Name and $___ per vehicle:

3. Reservation #, Driver’s Name and $___ per vehicle:

4. Reservation #, Driver’s Name and $___ per vehicle:

5. Reservation #, Driver’s Name and $___ per vehicle:

6. Reservation #, Driver’s Name and $___ per vehicle:

**Total cost of AVIS Travel Request** (required)
IV. AVIS Rental Request

<table>
<thead>
<tr>
<th>AVIS RENTAL REQUEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardholder’s Name: [required]</td>
</tr>
<tr>
<td>Telephone Number &amp; Email Address: [required]</td>
</tr>
<tr>
<td>Driver’s Name: [required]</td>
</tr>
<tr>
<td>Driver’s Address: [required]</td>
</tr>
<tr>
<td>Driver’s Telephone Number and Email Address (if different from above): [required]</td>
</tr>
<tr>
<td>FSU Employee ID (if employed by FSU): [required]</td>
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<td>Emergency Contact Name and Telephone Number: [required]</td>
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</tr>
<tr>
<td>AVIS Pickup Location: [required]</td>
</tr>
<tr>
<td>Number of vehicles for travel: [required]</td>
</tr>
<tr>
<td>Please provide information below for selected number of rental vehicles: [required]</td>
</tr>
<tr>
<td>1. Reservation #1, Driver’s Name and $___ per vehicle:</td>
</tr>
<tr>
<td>2. Reservation #2, Driver’s Name and $___ per vehicle:</td>
</tr>
<tr>
<td>3. Reservation #3, Driver’s Name and $___ per vehicle:</td>
</tr>
<tr>
<td>4. Reservation #4, Driver’s Name and $___ per vehicle:</td>
</tr>
<tr>
<td>5. Reservation #5, Driver’s Name and $___ per vehicle:</td>
</tr>
<tr>
<td>6. Reservation #6, Driver’s Name and $___ per vehicle:</td>
</tr>
<tr>
<td>Total cost of AVIS Travel Request: [required]</td>
</tr>
</tbody>
</table>

**Card-holder’s Information:** Please provide the information for the card-holder of the vehicle. This will be a SGA Accounting staff member. For more information, call the SGA Accounting office at (850) 644-6914.
IV. AVIS Rental Request

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3. Reservation #, Driver's Name and $___ per vehicle:

4. Reservation #, Driver's Name and $___ per vehicle:

5. Reservation #, Driver's Name and $___ per vehicle:

6. Reservation #, Driver's Name and $___ per vehicle:

Total cost of AVIS Travel Request (required)
Creating a Travel Request

IV. AVIS Rental Request

AVIS RENTAL REQUEST

Cardholder's Name (required)

Telephone Number & Email Address (required)

Driver's Name (required)

Driver's Address (required)

Driver's Telephone Number and Email Address (if different from above) (required)

FSU Employee ID (if employed by FSU) (required)

Emergency Contact Name and Telephone Number (if different from above) (required)

If any students traveling are paying out of pocket and need to be reimbursed, please include a request.

AVIS Pickup Location (required)

Number of vehicles for travel (required)

Please provide information below for selected number of rental vehicles: (required)

1. Reservation #, Driver's Name and $___ per vehicle:

2. Reservation #, Driver's Name and $___ per vehicle:

3. Reservation #, Driver's Name and $___ per vehicle:

4. Reservation #, Driver's Name and $___ per vehicle:

5. Reservation #, Driver's Name and $___ per vehicle:

6. Reservation #, Driver's Name and $___ per vehicle:

Total cost of AVIS Travel Request (required)

FSU Employee ID: If you do not have an FSU Employee ID, you must fill-out and submit a "Non-Employee Traveler Profile" located here: http://controller.vpfa.fsu.edu/content/download/3983/28720/file/Non-Employee%20Traveler%20Profile%20Form%202004-2013.pdf
IV. AVIS Rental Request

AVIS PICKUP LOCATION: Specify the location where the AVIS vehicle will be picked up.

Cardholder's Name (required)

Telephone Number & Email Address (required)

Driver's Name (required)

Driver's Address (required)

Driver's Telephone Number and Email Address (if different from above) (required)

FSU Employee ID (if employed by FSU) (required)

Emergency Contact Name and Telephone Number (required)

If any students traveling are paying out of pocket and need to be reimbursed, he/she must fill out a separate travel request.

AVIS Pickup Location (required)

Number of vehicles for travel (required)

Please provide information below for selected number of rental vehicles (required):

1. Reservation #, Driver's Name and $____ per vehicle:

2. Reservation #, Driver's Name and $____ per vehicle:

3. Reservation #, Driver's Name and $____ per vehicle:

4. Reservation #, Driver's Name and $____ per vehicle:

5. Reservation #, Driver's Name and $____ per vehicle:

6. Reservation #, Driver's Name and $____ per vehicle:

Total cost of AVIS Travel Request (required)
IV. AVIS Rental Request

AVIS RENTAL REQUEST

Cardholder’s Name: (required)

Telephone Number & Email Address: (required)

Driver’s Name: (required)

Driver’s Address: (required)

Driver’s Telephone Number and Email Address (if different from above): (required)

FSU Employee ID (if employed by FSU): (required)

Emergency Contact Name and Telephone Number: (required)

If any students traveling are paying out of pocket and need to be reimbursed, he/she must fill out a separate travel request.

AVIS Pickup Location: (required)

Number of vehicles for travel: (required)

Please provide information below for selected number of rental vehicles:

1. Reservation #: Driver’s Name and $___ per vehicle:

2. Reservation #: Driver’s Name and $___ per vehicle:

3. Reservation #: Driver’s Name and $___ per vehicle:

4. Reservation #: Driver’s Name and $___ per vehicle:

5. Reservation #: Driver’s Name and $___ per vehicle:

6. Reservation #: Driver’s Name and $___ per vehicle:

Total cost of AVIS Travel Request: (required)

**Rental Vehicles**: Check all vehicles that apply. Then enter the driver’s name and the cost per vehicle.
### IV. AVIS Rental Request

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<tr>
<td>AVIS Pickup Location</td>
</tr>
</tbody>
</table>

| Number of vehicles for travel | (required) |

Please provide information below for selected number of rental vehicles: (required)
- 1. Reservation #: Driver's Name and $___ per vehicle:
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- 3. Reservation #: Driver's Name and $___ per vehicle:
- 4. Reservation #: Driver's Name and $___ per vehicle:
- 5. Reservation #: Driver's Name and $___ per vehicle:
- 6. Reservation #: Driver's Name and $___ per vehicle:

| Total Cost of AVIS Travel Request | (required) |

**Total Cost of AVIS Travel Request:** Add up the preceding numbers to calculate the total.
V. Registration Payment Request

*Fill this information out if your Travel Request involves registration fees for a conference.*

**REGISTRATION PAYMENT REQUEST**

Conference information detailing registration cost, date of conference, and payment due date along with completed registration form from the conference must be attached to this form for processing. Request must be submitted 30 business days prior to the date registration is due. If the conference (vendor) is not listed in the FSU Vendor File, a completed FSU vendor authentication form must be completed by the conference administrator and attached to this form in order to receive payment. Ask the SGA staff for assistance. The Vendor Authentication form is located on the FSU Controller’s website (http://controller.vpfa.fsu.edu/ControllerForms) under “Payables & Disbursement Services.”

**Payable to:** (required)

**Complete address:** (required)

**Telephone number and email address:** (required)

**Vendor’s FEID#:** (required)

**Official Name of Conference:** (required)

**Date Payment is Due:** (required)

**Is early payment required?** (required)
- Yes (please explain)
- No

Please attach supporting documentation if you will be needing early payment of registration fees.

Please upload names of travelers, signatures of travelers, and registration amount for each traveler in a separate Word document or Excel spreadsheet. (required)

*Before you close out your web browser, be sure to come back to the purchase request form and click “SUBMIT.”*
V. Registration Payment Request

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**Payable to:** (required)

Complete address: (required)

Telephone number and email address: (required)

Vendor’s FEID#: (required)

Official Name of Conference: (required)

DatePayment is Due: (required)

Is early payment required? (required)

- Yes (please explain) [ ]

- No [ ]

Please attach supporting documentation if you will be needing early payment of registration fees. [ ]

Please upload names of travelers, signatures of travelers, and registration amount for each traveler in a separate Word document or Excel spreadsheet. (required) [ ]

**Before you close out your web browser, be sure to come back to the purchase request form and click “SUBMIT.”**
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Payable to: (required)

Complete address: (required)

Telephone number and email address: (required)

Vendor’s FEID#: (required)

Official Name of Conference: (required)

Date Payment is Due: (required)

Is early payment required? (required)

☐ Yes (please explain)

☐ No

Please attach supporting documentation if you will be needing early payment of registration fees.

Upload file

Please upload names of travelers, signatures of travelers, and registration amount for each traveler in a separate Word document or Excel spreadsheet. (required)

Upload file

Before you close out your web browser, be sure to come back to the purchase request form and click “SUBMIT.”
V. Registration Payment Request

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Payable to: (required)

Complete address: (required)

Telephone number and email address: (required)

Vendor’s FEID#: (required)

Official Name of Conference: (required)

Date Payment is Due: (required)

Is early payment required? (required)

Yes (please explain)

No

Please attach supporting documentation if you will need early payment of registration fees.

Upload file

Please upload names of travelers, signatures of travelers, and registration amount for each traveler in a separate Word document or Excel spreadsheet. (required)

Upload file

Before you close out your web browser, be sure to come back to the purchase request form and click “SUBMIT.”
## V. Registration Payment Request

**Fill this information out if your Travel Request involves registration fees for a conference.**

### REGISTRATION PAYMENT REQUEST

<table>
<thead>
<tr>
<th>Field</th>
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</thead>
<tbody>
<tr>
<td>Payable to</td>
<td>(required)</td>
</tr>
<tr>
<td>Complete address</td>
<td>(required)</td>
</tr>
<tr>
<td>Telephone number and email</td>
<td>(required)</td>
</tr>
<tr>
<td>Vendor's FEID#</td>
<td>(required)</td>
</tr>
<tr>
<td>Official Name of Event</td>
<td>(required)</td>
</tr>
<tr>
<td>Date Payment is Due</td>
<td>(required)</td>
</tr>
<tr>
<td>Is early payment required?</td>
<td></td>
</tr>
<tr>
<td>Yes (please explain)</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**Date Payment is Due:** If early payment is required prior to the event, please provide an explanation and documentation.

Please attach supporting documentation if you will be needing early payment of registration fees. Please upload names of attendees, signatures of attendees, and registration amount for each attendee in a separate Word document or Excel spreadsheet, if applicable.

Before you close out your web browser, be sure to come back to the purchase request form and click “SUBMIT.”
V. Registration Payment Request

*Fill this information out if your Travel Request involves registration fees for a conference.*

**REGISTRATION PAYMENT REQUEST**

Conference information detailing registration cost, date of conference, and payment due date along with completed registration form from the conference must be attached to this form for processing. Request must be submitted 30 business days prior to the date registration is due. If the conference (vendor) is not listed in the FSU Vendor File, a completed FSU vendor authentication form must be completed by the conference administrator and attached to this form in order to receive payment. Ask the SGA staff for assistance. The Vendor Authentication form is located on the FSU Controller’s website (http://controller.vpfa.fsu.edu/ControllerForms) under “Payables & Disbursement Services.”

- **Payable to:**
  - [Required]

- **Complete address:**
  - [Required]

- **Telephone number and email address:**
  - [Required]

- **Vendor’s FEID#:**
  - [Required]

- **Official Name of Conference:**
  - [Required]

- **Date payment is due:**
  - [Required]

- **Is early payment required?**
  - ☐ Yes (please explain)
  - ☐ No

Please attach supporting documentation if you will be needing early payment of registration fees.

**Traveler Signatures Costs:** If the company has a registration form for each individual or a group registration form, please upload them. Otherwise, provide a list of all travelers in your roster, along with their signatures and registration amounts.

**Before you close out your web browser, be sure to come back to the purchase request form and click “SUBMIT.”**