



GROUP TRAVEL ROSTER

Required for all students traveling on an SGA/COGS funded trip. Complete this form and upload in a Nole Central Purchase Request with additional required documents.
Incomplete requests will be denied.

Organization Name: _____

Conference/Meeting/Event Name: _____

Dates of Travel: _____

Traveler Information

Name (Last, First MI)	Please Check all that Apply: <input type="checkbox"/> Student traveler <input type="checkbox"/> Driving personal vehicle on trip <input type="checkbox"/> Driving Rental vehicle on trip <input type="checkbox"/> Requesting reimbursement for travel expenses <input type="checkbox"/> Traveling by Airplane <input type="checkbox"/> Traveling Internationally
Phone & FSU Email	
Local Address	
Emergency Contact Name, Phone Number and Relationship	
Signature	

Name (Last, First MI)	Please Check all that Apply: <input type="checkbox"/> Student traveler <input type="checkbox"/> Driving personal vehicle on trip <input type="checkbox"/> Driving Rental vehicle on trip <input type="checkbox"/> Requesting reimbursement for travel expenses <input type="checkbox"/> Traveling by Airplane <input type="checkbox"/> Traveling Internationally
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Organization Advisor Name: _____ Advisor Signature: _____ Date: _____