



# PURCHASE REQUEST Travel Information Form

*A Travel Information Form is required for each Purchase Request submitted in Nole Central. Please complete all the necessary information for your RSO's trip, whether Individual Student Reimbursement information for mileage, airfare, or lodging; SGA Accounting purchases of rental cars or conference registration.*

**PLEASE NOTE:** *In addition to this form, for all Travel, an RSO must also submit a Group Travel Roster, Conference Agenda, Trip Details, and the Second Signer Form in Nole Central.*

**FAILURE TO FULLY COMPLETE THE ORGANIZATION INFORMATION AND PROPER SECTION (all fields must be completed) WILL RESULT IN A CANCELLATION, DENIAL, OR DELAY IN TRAVEL FUNDS.**

## ORGANIZATION INFORMATION – REQUIRED FOR ALL REQUESTS

Organization Name: \_\_\_\_\_

Conference/Meeting Name: \_\_\_\_\_

Conference/Meeting Dates: \_\_\_\_\_

Travel Destination Address: \_\_\_\_\_

Trip Details <small>(required by the University for all Travel)</small>	Date	Time
Departure from FSU		
Arrival to Destination		
Departure from Destination		
Arrival back to FSU		

## INDIVIDUAL STUDENT REIMBURSEMENT INFORMATION

*Submit details regarding airfare, lodging, mileage and Reimbursement Information for each individual student traveling. **Please note:** the University WILL NOT reimburse Off-Campus RSO Accounts.*

Student Being Reimbursed Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

FSU Email Address: \_\_\_\_\_

FSU Student/Employee ID # ( example: 200123456): \_\_\_\_\_

### Reimbursement Type

\$ \_\_\_\_\_ **Out-of-State Air Travel** (Ticket Number, Airports, and times must be uploaded in Nole Central)

\$ \_\_\_\_\_ **Mileage** (Personal Vehicle only, miles x \$.445, University will calculate based on location addresses)

\$ \_\_\_\_\_ **Gas Estimate** (Car rental only if received funding; must complete Car Rental Travel request)

\$ \_\_\_\_\_ **Lodging** (Confirmation, amount per night, # of nights, and # of rooms must be uploaded to Nole Central)

\$ \_\_\_\_\_ **Other:** \_\_\_\_\_

\$ \_\_\_\_\_ **TOTAL COST OF REIMBURSEMENT REQUEST**

## **CONFERENCE/MEETING REGISTRATION PAYMENT REQUEST**

*The SGA Accounting staff will contact you to complete the registration process and payment.*

Cost per participant or group registration rate: \_\_\_\_\_

Names of Students being Registered (separate names with commas): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Conference/Meeting Website: \_\_\_\_\_

Date payment is due: \_\_\_\_\_

## **AVIS/BUDGET CAR RENTAL REQUEST**

*The SGA Accounting staff will contact you to finalize your rental car reservation.*

Date of Vehicle Pickup: \_\_\_\_\_

Date of Vehicle Return: \_\_\_\_\_

Number of Vehicles *(four (4) people per compact car required, 6 max for mini van):* \_\_\_\_\_

Number of Miles to Final Destination: \_\_\_\_\_

### **DRIVER #1** *(Please provide all the required driver information below.)*

1. Name: \_\_\_\_\_

2. Driver's License State & Number: \_\_\_\_\_

3. Driver's Date of Birth (must be over 21): \_\_\_\_\_

### **DRIVER #2** *(Please provide all the required driver information below.)*

1. Name: \_\_\_\_\_

2. Driver's License State & Number: \_\_\_\_\_

3. Driver's Date of Birth (must be over 21): \_\_\_\_\_

### **DRIVER #3** *(Please provide all the required driver information below.)*

1. Name: \_\_\_\_\_

2. Driver's License State & Number: \_\_\_\_\_

3. Driver's Date of Birth (must be over 21): \_\_\_\_\_

*Please complete the proper sections and upload this form along with the Second Signer Form, Group Travel Roster, Conference Agenda, Travel Details, and any pertinent quotes or confirmations in the Nole Central Purchase Request. Incomplete requests will be denied.*