



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): _____

Mailing Address (where check will be sent): _____

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

Contact SGA Accounting 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

Contact SGA Accounting to complete the registration process and payment.

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.