



The Florida State University School of Communication

Funded Travel Authorization Form

Travel Authorization Requests must be submitted two weeks prior to the intended departure

Name of Traveler: _____ Date Submitted: _____

Travel covered by: ☐ Grant (provide number) _____ ☐ SCOM (provide number) _____

☐ Outside Source (name source-optional) _____

Trip Purpose: (e.g., research, attend/speak at meeting) _____

Benefit of travel to FSU: _____

Others going with you (name and department): _____

Are you paying their Expenses: ☐ yes ☐ no (if no, then they need their own Travel Authorization)

Departure Travel	Return Travel
Origin: _____	Origin: _____
Destination: _____	Destination: _____
Date: _____ Begin Time: _____	Date: _____ End Time: _____

Expense Estimates: (Indicate T-Card Use)

Airfare: Airline(s): _____ \$ _____ T-Card _____

Conference/ Registration Fee: _____ \$ _____ T-Card _____

Incidentals: (i.e. Taxis, Tolls, Parking, etc.) _____ \$ _____ T-Card _____

Lodging/Hotel: \$ _____ per night x _____ nights: \$ _____ T-Card _____

Hotel Name: _____ ☐ Conference Site

Meals Included in Conference Registration: ☐ yes ☐ no

Meals: (\$6 Breakfast, \$11 Lunch, \$19 Dinner) \$36 per day X _____ days : \$ _____

Personal Vehicle Mileage

(use FDOT website for instate mileage -

www2.dot.state.fl.us/CityToCityMileage/viewer.aspx

Use Mapquest for out-of-state mileage (www.mapquest.com)

\$0.445 per mile X _____ miles \$ _____

Vicinity Miles: \$0.445 per mile X _____ miles \$ _____

Car Rental (Avis):

Compact Rate: \$28.00(In-State) \$32.00(out-of-state)per day X _____ days: \$ _____ T-Card _____

Avis /Contract Numbers: B133414

Other _____ rate per day X _____ days (list justification on back)

Amount Approved \$ _____ Total Estimated Cost \$ _____

Traveler's Signature: _____ Date: _____

Supervisor's Approval: _____ Date: _____

Note: If Hotel is not a conference site and is over \$200 per night, justification is needed on back of this form.