

TRAVEL AUTHORIZATION FORM

THE FLORIDA STATE UNIVERSITY
OFFICE OF DISTANCE LEARNING



To travel for ODL and/or an ODL managed budget, advance travel authorization is required. Answer the following questions and submit the completed hard copy with all approved signatures. **Important: Travel completed without advance authorization may not be approved for reimbursement.**

Submitted by: (Name) _____ / Submitted for (If Different): _____ Date Submitted _____

College/Department/Unit: _____ Phone #: _____ E-mail: _____

Justification

Explain purpose of trip and/or meeting. Include exact title of conference/convention (*spelled out*) if applicable: _____

Explain the benefit of the travel to Florida State University or to the Office of Distance Learning: (*required*) _____

Additional Comments: (*optional*) _____

Travel Details

Use this form to provide information about your travel schedule, reservations, and costs. You are responsible for making your own travel arrangements, reservations and registrations.

Others going to same destination: _____

Traveling from: _____ Traveling to: _____

Departure date: _____ Departure time: _____ Return date: _____ Return Time: _____

Conference/convention registration fee¹: \$ _____ Lodging cost per night: \$ _____

Conference website URL: _____ Total estimated lodging cost: \$ _____

Cash advance requested²: Yes - No - Meals: _____ Breakfast _____ Lunch _____ Dinner

Other expenses (*describe*): _____

Transportation (*check all that apply*)

Commercial airline; Roundtrip Airfare: \$ _____

Commercial rental car; Rental car cost: \$ _____

Personal car (*mileage reimbursed based on State of Florida approved distances at \$.44.5 per mile, please use rental car if overall cost lower*)

Approvals (*admin only*)

Academic Dept. Dean or Designee: _____ Date recorded: _____

Academic Dept. Budget Manager: _____ Date approved: _____

ODL Director or Designee: _____ Date approved: _____

ODL Budget Manager: _____ Date recorded: _____

Department ID/Fund: (*6/3 digits*) _____ Project Code/Chartfield 3: (*10 digits*) _____