

Travel Information
(Estimate of Travel Expenses)

Name: _____

Name of Event and Purpose for Attending: **attach page from program showing your participation*

Departure Date: _____

Return Date: _____ (Date you return to Tallahassee)

Will there be any personal travel involved? If so, which dates?

Destinations: (City, State, Country)

Departure from: _____ to: _____

Return from: _____ to: _____

Airfare: \$ _____

Lodging: _____ days @ \$ _____ per day

Meal Allowances: _____ days

Mileage (private vehicle) _____ miles @ 0.445 per mile

Car Rental: (Contract with Enterprise/National for Domestic Travel) \$ _____

<http://controller.vpfa.fsu.edu/travel/ground-transportation>

Registration Fee: \$ _____

Incidentals: \$ _____ (Taxi, airport shuttle, etc.)

Funding Source: _____

Amount of funding: _____

*** COGS, Foundation, Dept. ...etc.

**This form should be submitted to the main office at least 10 days prior to departure date.*