FSU COLLEGE OF MEDICINE
PRE-TRAVEL FORM | RESEARCH AND GRADUATE PROGRAMS

Travel request must be received a minimum of <u>two weeks prior</u> to registration due date

First Name: _____

Last Name: _____

FUND (Provided by PI)*: _____

Abstract Acceptance Documentation Received?** ☐ **YES** ☐ **NO**

Have you applied for COGS? ☐ **YES** ☐ **NO**

Conference/Meeting: _____

Location (City, State): _____

Date/Time (Depart/Return): _____

Hotel: _____

Is the hotel over $225? ☐ **YES** ☐ **NO**

Benefit to COM/justification (required by Dean):

_____

_____

_____

_____

_____

ANTICIPATED CHARGES:

Registration Fees:	_____
Airfare/baggage Fees:	_____
Hotel:	_____
Enterprise Rental Car:	_____
Personal Car/Mileage (attach comparison worksheet):	_____
Fuel:	_____
Meals:	_____
Per Diem:	_____
Miscellaneous:	_____
TOTAL CHARGES:	_____

Traveler's Signature: _____

PI's Signature: _____

Suzanne Baker's Signature: _____

Comments:

_____

_____

_____

Division allowance is $500 per contract year

Documentation of submission and acceptance of abstract/presentation must be attached to this authorization form in order for travel to be approved.