

**FSU COLLEGE OF MEDICINE
PRE-TRAVEL/LEAVE REQUEST FORM**

TRAVELER

Date of Request _____
 Request ID (optional) _____
 Last Name _____
 First Name _____
 OMNI ID _____

DISCLOSURES (must be completed by traveler)

Outside Entity to Pay Honorarium?	Yes	No
Conflict of Interest?	Yes	No
Less than Entitled to Reimbursement?	Yes	No

COM BUSINESS PURPOSE

Conference/Meeting _____

 Location (City, State) _____
 Date/Time (Depart/Return) _____
 Hotel _____
 Is hotel over \$225? No Yes (provide justification below)
 Benefit to COM/Justification (Required by Dean) _____

FUNDING SOURCE (check all that apply)

DEPTID/FUND/PROJECT _____
 PROF Allowance (Bal:\$_____) OME Funded _____
 COMTR (Dean's Approval Req'd) Grant Funded _____
 DEPTTR (Chair's Approval Req'd) STARTUP Funds _____
 Other (specify) _____ No Funds Requested _____
 Paid by Outside Entity Practice Plan _____

Recap of Charges (see attached Travel Expense Worksheet)

Registration Fee _____
 Airfare/Baggage Fees _____
 Hotel _____
 Car Rental: [AVIS/Budget](#), [Enterprise/National](#), or [Hertz](#) _____
 Personal Car/Mileage (attach comparison worksheet) _____
 Fuel _____
 Meals _____
 Per Diem _____
 Miscellaneous _____

TOTAL COST

COM Van

Van Reserved Yes No
 Tag Number _____

LEAVE FROM COM (describe time away from COM)

Total Business Days Away from COM _____
 AOR (No Personal Leave Days Required) _____
 Prof. Leave Days Used (per Faculty Handbook) _____
 Prof. Leave Days Balance (Prior to Request) _____
 Annual Leave Days Used for Trip _____
 Sick/Bereavement/ Admin _____

COVERAGE (arrangements for business days missed)

CLC _____
 Lecture/Small Group _____
 Clinical Services _____
 Research Lab _____
 Other _____

AUTHORIZATION

Traveler's Signature _____	Date _____		
Dept. Chair's Signature _____	Date _____	Approved	Not Approved
Dean's/Designee's Signature _____	Date _____	Approved	Not Approved

Comments

FOR DEPARTMENT USE AS NEEDED

Added to Calendar _____
 Budget _____
 T-Card _____
 Copy Returned to Traveler _____
 Copy to Funding Source _____

**FSU COLLEGE OF MEDICINE
TRAVEL EXPENSE WORKSHEET**

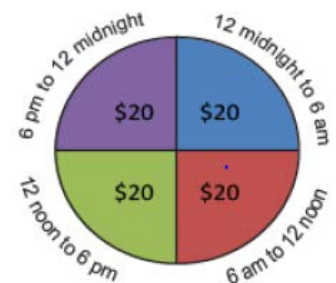
DATE						
TIME						

	TYPE							T-CARD	EXP RPT
REGISTRATION									
RENTAL CAR									
TAXI									
PARKING									
FUEL									
AIRFARE									
BAGGAGE									
HOTEL									
MAP MILES	Exp Rpt								
VICINITY MILES	Exp Rpt								
TOLLS	Exp Rpt								
PORTAGE	Exp Rpt								
BREAKFAST \$6	Exp Rpt								
LUNCH \$11	Exp Rpt								
DINNER \$19	Exp Rpt								
PER DIEM	Exp Rpt								
MISC.	Exp Rpt								
								SUBTOTAL	
								TOTAL	

INSTRUCTIONS FOR COLLEGE OF MEDICINE TRAVEL EXPENSE WORKSHEET

- In the DATE boxes at the top, enter the dates that the traveler will be out of the office.
- Select the TYPE of expense, either T-Card or Expense Report, for those items which include a drop-down arrow. (Only items with a drop-down are allowable T-Card expenses - all other expenses will be submitted on an Expense Report)
- Enter the amount of each expense incurred under each corresponding date of travel. For mileage, enter the number of miles under each date of travel.
- Under each corresponding date of travel, enter the amount paid for each meal by the traveler. (Domestic: \$6/Breakfast, \$11/Lunch, \$19/Dinner)
- Enter the anticipated Per Diem amount, less any meals provided by the host organization, usually the last date of travel. (see chart)
- Totals will automatically be calculated under each expense type.

Daily Per Diem - \$80 per full day (\$20 per quarter, see pie chart below).



Totals will automatically be entered under the Recap of Charges on the preceding Pre-Travel Form.

INSTRUCTIONS FOR COLLEGE OF MEDICINE PRE-TRAVEL REQUEST

FORM WHY DO WE NEED TO USE THIS FORM?

- ✓ This form has been designed in accordance with the Dean's wishes to ensure all travel is approved and paid from the correct funding source. It can also be a very useful tool for support staff who must quantify travel expenses prior to submitting a T-Auth in OMNI or reimbursement request to FMPP.

WHEN SHOULD THIS FORM BE USED?

- ✓ This form is required for all types of travel by main campus faculty and staff. Regional campuses have received separate instructions on when this form is required.

HOW DO I COMPLETE THIS FORM?

TRAVELER

- ✓ **Date of Request** - Travel must be approved **prior to** submission of T-Auth in OMNI
- ✓ **Request ID number (Optional)** - Departments may develop numbering convention in order to track approvals
- ✓ **OMNI Employee ID** - Travelers must be present in the OMNI system prior to travel

FUNDING SOURCE – Many types of funding require the express approval of the Chair or Dean. Chartfields noting the funding source must be utilized to ensure proper posting to 360 reports. Approvers have been trained to push back T-Auth's if chartfields are blank or incorrect.

DEPTID/FUND/PROJECT - Most travel including PROF (professional development allowance), DEPTTR (departmental travel), and STARTUP will be charged to departmental budget ID's, however, see instructions below for other deptid's.

- ✓ **PROF (Professional Development Allowance)** – Departmental budgets reflect an allowance for each full-time state funded faculty member. Departments are expected to track these allowances – this is easily accomplished through the use of chartfields and can be monitored on 360 account.
- ✓ **COMTR (COM Travel)** – When faculty are directed by the Dean to travel, costs of travel will often be charged to dept 200000 210. The Pre-Travel Form should be submitted to the Associate Dean for Finance & Administration for approval prior to T-Auth input.
- ✓ **DEPTTR (Dept Travel)** – Chairs/Dept heads have annual discussions with the Dean to determine travel allocations required to represent the department.
- ✓ **OTHER** – examples of other funds include SRAD accounts, FSU Foundation accounts, PI Support accounts, and some departments have a discretionary allocation which can also be used for approved travel. When using departmental discretionary CF 2 should be DISCRETION.
- ✓ **Paid by Outside Entity** – This form must be completed even when costs are paid by an outside entity as the business purpose of the trip must be documented in order to determine correct type of leave to be used and to provide various insurance coverage for the traveler. Various COM responsibilities must be covered during this absence and use of discretionary professional development leave or annual leave must be documented. Outside employment and conflict of interest policies may need to be considered when travel is paid by outside entities.
- ✓ **OME Funded** - Travel related to faculty development workshops will be charged to 202004 with appropriate approvals. Forms should be routed to OME for approval.

- ✓ **Grant Funded** – Travel related to a sponsored project.
- ✓ **STARTUP (Start Up Funds)** – Some faculty are allocated “start up” funds upon hire from Carry Forward (ie use regular deptid with Fund 240) - Departmental support staff are expected to track these allocations facilitated through the use of chartfields.
- ✓ **No Funds Requested** – This form replaces the historic salmon colored “No Funds Requested” Form. The business purpose of the trip must be documented in order to determine type of leave to be used and provide various insurance coverage for the traveler. For instance, this category is indicated if the traveler will be out of town for only one day. Same day travel is considered “Class C” travel by statute and does not qualify for meal reimbursement. Also, various COM responsibilities must be covered during this absence and use of discretionary professional development leave or annual leave must be documented.
- ✓ **Practice Plan** – Departments with clinical activity receive quarterly distributions from the Florida Medical Practice Plan (FMPP). When these funds are requested and approved, information is **not** entered into the OMNI system. Instead, a FMPP disbursement request form must be completed.

DISCLOSURES – The following three disclosures must be obtained for all travel:

- ✓ **Honorarium** – This box should be checked any time an honorarium will be paid, whether to traveler or another entity. Note: Travelers who receive honorariums personally should take annual leave.
- ✓ **Conflict of Interest** – Review FSU Faculty Handbook as well as FSU COM Faculty Handbook to learn of restrictions with respect to Conflict of Interest activities.
- ✓ **Reimbursement Waiver** – If you are waiving any reimbursement allowable by statute. Examples include expenses in excess of a lump sum approved by supervisor, no per diem on last day of travel, etc.

COM BUSINESS PURPOSE – This section includes destination, dates out of office, and justification of travel means and purpose. The Dean has asked for expanded justification to be provided when travel is paid by outside entity or no funds are requested, and has noted that presentations to audiences do not automatically qualify as a business purpose. Also, a legitimate business purpose is always required according to Florida Statute, and the FSU mandate for “mission critical” travel remains intact.

TRANSPORTATION / ACCOMODATIONS / MEALS OR PER DIEM / MISCELLANEOUS – These sections of the form have been designed to account for all costs related to transportation and should automatically perform mathematical functions.

TOTAL REIMBURSEMENT REQUEST – This amount should reflect the **total** estimated cost of the travel including registration fees.

LEAVE FROM COM – Travelers may be required to take annual leave or professional development leave (up to 10 days per fiscal year) for certain types of travel; supervisors can assist with this determination. Departmental support personnel are expected to track professional development leave. **AOR** = Assignment of Responsibility; each year faculty receive a AOR form – some travel (departmental and COM travel) may be required to fulfill job responsibilities.

COVERAGE – The Dean has instructed travelers to provide alternate coverage for their designated assignments while traveling. Chairs and Department Heads have full authority to deny travel requests if the timing presents undue hardships on departmental or COM activities.

AUTHORIZATIONS – Travelers signature and Dept Chair signatures are always required. The dean’s signature (or that of a designee) is required when COM Travel is indicated as funding source, and for travel of the Dean’s direct reports.

COMMENTS – Available for department use.

FOR DEPARTMENT USE – Not required but available for departmental use.