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

Travel request must be received a minimum of two weeks prior to registration due date

Last Name:		
Last Name:		
FUND (Provided by PI)*:	YES	NO
1		
Have you applied for COGS?	YES	NO
Conference/Meeting:		
Location (City, State):		
Date/Time (Depart/Return):		
Hotel:		
Is the hotel over \$225? YES NO		
ANTICIPATED CHARG	ES:	
Registration Fees:		
Airfare/baggage Fees: Hotel:		
Enterprise Rental Car:	_	
Personal Car/Mileage (attach comparison worksh	eet):	
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.**

Revised January 2024