

**IMB TRAVEL EXPENSE WORKSHEET (Fill in and email to:**

**SUBMISSION DEADLINE FOR TRAVEL AUTHORIZATION/INCUR TRAVEL EXPENSES: 10 DAYS PRIOR TO DEPARTURE DATE (NOTE DEADLINES FOR ADDITIONAL SERVICES BELOW)**

TRAVELER: \_\_\_\_\_ S.S. #: \_\_\_\_\_  
PHONE#: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_  
CHARGE TO BUDGET NUMBER/NAME: \_\_\_\_\_  
BEGIN DATE/TIME: \_\_\_\_\_ END DATE/TIME: \_\_\_\_\_  
DESTINATION(S): (INCLUDE ALL) \_\_\_\_\_  
TO: \_\_\_\_\_  
FROM: \_\_\_\_\_  
PURPOSE OF TRIP: \_\_\_\_\_  
\_\_\_\_\_

NAME OF MEETING/CONFERENCE: (PLEASE WRITE OUT, NO ANACRONYMS) \_\_\_\_\_

PRESENTING A POSTER/PAPER?

**ESTIMATE YOUR TRAVEL EXPENSES:**

AIRFARE: \_\_\_\_\_ AIRLINE USED: \_\_\_\_\_ RENTAL CAR: \_\_\_\_\_  
GRND. TRAVEL (bus/train/cab): \_\_\_\_\_ PERS. VEH. USE: \_\_\_\_\_ miles @ .29/mile= \_\_\_\_\_  
LODGING: \_\_\_\_\_ AND MEALS: \_\_\_\_\_ OR PER DIEM ONLY: \_\_\_\_\_  
REGISTRATION: \_\_\_\_\_ MISCELLANEOUS: \_\_\_\_\_ TOTAL ESTIMATE: \_\_\_\_\_

**YOU NEED?.....NOTE DEADLINES:**

AN ACTO?  FLIGHT CHECK?  (Deadline for request: 10 days in advance of travel)  
A TRAVEL ADVANCE?  (Deadline for request: 25 days in advance of travel)  
PREPAID REGISTRATION?  (Deadline for request: 35 days in advance of travel)  
ADDITIONAL NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE**

PI/Supervisor contacted by: \_\_\_\_\_ Date: \_\_\_\_\_  
Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
Budget Accountant: \_\_\_\_\_ Date: \_\_\_\_\_

FSU Research Foundation – “T” NUMBER: \_\_\_\_\_ or  Regular TAR