

Office of the University Controller Florida State University

Travel 5608A University Center Tallahassee, FL 32306-2391 Ph: (850) 644-5021 Fax: (850) 644-8137

FSU GROUP TRAVEL ROSTER

Tauth #	_ E	xp Report #			-	Submitted b	oy:	oi
Name of Travelers (Last, First, MI)	S/E*	Traveler's ID Number (Last 4 SSN)	Lodging (Amount)	Meals (Amount)	Transport (Amount)	Incidental Expenses Amount Description		"I certify these monies were spent on my behalf and I was a traveler in this group." Signature of traveler
1								
2								
3								
4								
5								
2 3 4 5 6 7 8 9								
7								
8								
9								
10								
11								
12								
Additional Comments: Explain lodging, transportation and i	ncide	Total ntal expenses)						
TRAVEL ADVANCE REQUESTED Amount \$ Explain how advance was calculated								
THAT LE ADVANCE REQUESTE	ט	Amount \$			LAPIAIII 110W	v advance w	ras calculateu	
*S = Student/ E = Employee								