



EMPLOYEE TRAVEL AUTHORIZATION FORM

Purpose of T-Auth:

- ❖ To assist travel representative in entering travel request into Concur.
- ❖ Provides budget managers with estimate of how much to allocate for your travel and helps to ensure grant compliance.
- ❖ Serves as documentation to insurance companies for worker's compensation eligibility when performing job tasks off-campus.

Travel Processing: Travelers shall minimize the amount of travel expenses by ensuring travel arrangements are the most cost-effective considering all business factors.

Travel Card: Use of the T-Card for registration fees, transportation and lodging is encouraged.

- ❖ Travel must be overnight and more than 50 miles away from headquarters to claim per diem or lodging and meals.
- ❖ **AIRFARE MUST BE PURCHASED THROUGH CONCUR!**

Instructions:

- ❖ Form is intended to be completed and submitted for approval by the employee who will be traveling.
- ❖ Form must be completed and approved by authorized individual at least five days before travel. Failure to do so will result in no reimbursement for travel.
- ❖ Form must be sent through DocuSign to the authorized approver, with a copy sent to the travel representative.
- ❖ If approved, copies of the completed form and all required receipts must be retained as supporting documentation for any associated payments and/or employee expense reimbursements.
- ❖ Travel request must be fully approved in Concur **prior** to any travel and/or commitment of funds. This is regardless of any registration deadlines or hotels/flights filling up.
- ❖ Please note that the form will not be accepted by the travel representative unless it is complete and signed.
- ❖ **Purpose of Travel and Benefit to University** (form fields): Select the one category that best describes the reason for travel and benefit to university.
- ❖ **Expenses** (form field): Provide an estimate of all expected allowable travel expenses and indicate whether the expense will be **(1) Reimbursed to the employee, (2) TCard** or **(3) Other**
 - **Airfare:** if the employee is not paying for the flight with their personal card, it will be Other. **Airfare must be purchased through Concur.**
 - **Mileage: Employee Reimbursement Only**
 - **Rental Vehicle:** Because rental car companies require the physical card to be present at time of purchase, this cannot be purchased with the TCard. This is Employee Reimbursement or 3rd Party only.
 - **Meals: Employee Reimbursement Only**
 - Breakfast - \$6 (First day of travel must start prior to 6 a.m., and last day of travel must extend beyond 8 a.m.)
 - Lunch - \$11 (First day of travel must start prior to 12 p.m., and last day of travel must extend beyond 2 p.m)
 - Dinner - \$19 (First day of travel must start prior to 6 p.m., and last day of travel must extend beyond 8 p.m.)

Upon your return, all receipts must be given to the travel representative within 2 weeks. Itemized Receipts are required for all employee reimbursements.

Please review the [FSU Travel Policy](#) before you travel.



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NAME OF TRAVELER	
BUDGET CODE TO BE CHARGED	
NAME OF CONFERENCE/MEETING	
If grant-funded, please describe in 1-2 sentences how travel benefits the project.	
DEPARTURE DATE	
DEPARTURE TIME	
RETURN DATE	
RETURN TIME	
DESTINATION (City, State/Country)	

PURPOSE OF TRAVEL

BENEFIT TO UNIVERSITY

DOES THIS TRIP CONTAIN PERSONAL TRAVEL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DATES OF PERSONAL TRAVEL		

Flight Preferences: _____

Hotel Preference: _____

(Not guaranteed. Based on availability at time of purchase.)



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EXPENSES	✓ Payment Method	Est. Cost
Airfare	<input type="checkbox"/> Employee Reimb. <input type="checkbox"/> Other (Lodge Card) (Must be purchased through Concur)	
Mileage*	# Miles _____ x .45 = _____ → (Employee Reimbursement Only)	
Rental Vehicle	<input type="checkbox"/> Employee Reimb. <input type="checkbox"/> Other (3 rd Party)	
Other Transportation	<input type="checkbox"/> Employee Reimb. <input type="checkbox"/> TCard <input type="checkbox"/> Other (3 rd Party)	
Lodging	<input type="checkbox"/> Employee Reimb. <input type="checkbox"/> TCard <input type="checkbox"/> Other (3 rd Party)	
Registration Fee	<input type="checkbox"/> Employee Reimb. <input type="checkbox"/> TCard <input type="checkbox"/> Other (3 rd Party)	
Other Expenses**	<input type="checkbox"/> Employee Reimb. <input type="checkbox"/> TCard <input type="checkbox"/> Other (3 rd Party)	
Meals	# Breakfast: _____ x 6 = _____ # Lunch: _____ x 11 = _____ # Dinner: _____ x 19 = _____ Add totals for each type of meal and put total in next column → (Employee Reimbursement Only)	
TOTAL ESTIMATED COST		

PLEASE SELECT LODGING RATE JUSTIFICATION

*If driving personal vehicle, please list Home Address and Destination Address here:

HOME: _____

DESTINATION: _____

**List all other expenses here and their individual cost:



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EMPLOYEE CERTIFICATION

By signing below, I certify the requested travel is appropriate and necessary for conducting official FSU business and agree to comply with the [FSU Travel Policy](#).

SIGNATURE

DATE

WHO WILL BE COVERING YOUR JOB RESPONSIBILITIES?

NAME/PHONE NUMBER

I agree to cover the job responsibilities of this traveler while they are traveling.

SIGNATURE

DATE

DEPARTMENT CHAIR (or Designee) AUTHORIZATION

I approve the travel as stated on this form.

SIGNATURE

DATE

Please be sure to send a copy to the department Travel Representative.