



Controller's Office
 Florida State University

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

FSU GROUP TRAVEL ROSTER

Page ___ of ___

Tauth # _____ Exp Report # _____

Submitted by: _____

	Name of Travelers (Last, First, MI)	S/E*	Traveler's ID Number (Last 4 SSN)	Lodging (Amount)	Meals (Amount)	Transport (Amount)	Incidental Expenses		"I certify these monies were spent on my behalf and I was a traveler in this group." <i>Signature of traveler</i>
							Amount	Description	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

Additional Comments: _____ **Total** _____

(Explain lodging, transportation and incidental expenses)

TRAVEL ADVANCE REQUESTED Amount \$ _____ Explain how advance was calculated _____

*S = Student/ E = Employee