

NO FUNDS REQUESTED TRAVEL AUTHORIZATION

This form is for use when you will travel on FSU business, but your expenses will be covered by another entity. The University requires this to be on file for liability reasons.

Submit to the Department Travel Representative BEFORE you depart on the trip.

NAME: _____ Date form submitted _____

Purpose(s) of Trip: _____

Destination(s): _____

Departure Date: _____ Departure Time: _____

Return Date: _____ Return Time: _____

Are you scheduled to teach a class during this time, and if so, how will the class be covered?

Emergency Contact Information:

Name(s): _____ Relationship _____

Emergency Telephone Numbers: _____

Signatures:

Traveler Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Travel Authorization Signature: _____ Date: _____