



FOR TRAVEL PAID USING AN FSU TCARD. DUE TO PRODUCTION SUPERVISOR PRIOR TO BOOKING TRAVEL

PROD. NUMBER	PRODUCTION TITLE

TRAVEL INFO			
TRAVELER'S NAME (as on Driver's License)			BIRTHDATE (Air Travel Only)
PURPOSE OF TRAVEL			
DEPARTURE DATE	DEPARTURE TIME	RETURN DATE	RETURN TIME
TRAVEL FROM		TO	Round Trip One-Way

TRAVEL EXPENSES					
AIR TRAVEL	<u>AIRLINE</u>	<u>DEPARTING AIRPORT</u>	<u>ARRIVING AIRPORT</u>		= \$
	_____	_____	_____		_____
AUTO RENTAL	<u>RENTAL AGENCY</u>	<u># DAYS</u>	<u>RATE PER DAY</u>	<u>OTHER FEES</u>	= \$
	_____	_____	x \$ _____	+ \$ _____	_____
LODGING	<u>HOTEL</u>	<u># DAYS</u>	<u># ROOMS</u>	<u>RATE PER NIGHT</u>	= \$
	_____	_____	x _____	x \$ _____	_____
	_____	_____	x _____	x \$ _____	_____
	_____	_____	x _____	x \$ _____	_____
	_____	_____	x _____	x \$ _____	_____
	_____	_____	x _____	x \$ _____	_____
OTHER					= \$
					= \$

**TOTAL = \$**

The above travel expenses will be paid for with a Florida State University Travel Card (TCard). The Producer is responsible for submitting final receipts of these expenses to the Production Supervisor at the time the charges are made. The Producer agrees that these charges will be deducted from the production's budget.

I hereby certify or affirm that the expenses listed above are necessary traveling expenses directly related to the activities of the FSU College of Motion Picture Arts.

_____ PRODUCER	_____ SIGNATURE	_____ PHONE	_____ DATE
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