

**College of Engineering**  
**Travel Authorization Request**

- ❖ PRIOR to any travel, this form must be received by EBO. **Note:** The travel agency itinerary and this form must be received by **1:00pm** on the day the reservation is made to guarantee pricing and reservation.
- ❖ Have the selected **travel** agency email your **itinerary** to [ebo@enr.colostate.edu](mailto:ebo@enr.colostate.edu) as soon as the **reservation is made**. To ensure ticketing, this form must be received by EBO **within 2 hours** of the reservation from the travel agent.
- ❖ DO NOT travel outside of the United States without travel approval. (Allow at least 21 days for international travel approval.)  
**NOTE:** All International Travel Requests need approval from Risk Management (<http://www.ehs.colostate.edu/WRisk/travelHome.aspx>) as well approval from the home department, Dean, and Provost BEFORE traveling.
- ❖ All **international visitors** must complete this Travel Authorization Form. International visitors with *travel related expenses that need reimbursement* must **also** complete the Travel Reimbursement Request Form **and** the Foreign National Information Form (detailed document requirements are provided on the form): <http://busfin.colostate.edu/ForeignNationalForm.aspx>.

Date of Request \_\_\_\_\_  
 Traveler Name \_\_\_\_\_ CSU ID (required) \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_ Dept# \_\_\_\_\_  
 Employee Individual Travel **OR**  Employee Group Travel (List names under comments or attach separately)  
 Guest or Non-Employee Travel Mailing address for guest reimbursement \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

Travel Justification:  
 \_\_\_\_\_

Benefit to Project:  
 \_\_\_\_\_

Travel Authorized by: \_\_\_\_\_ Form Completed by: \_\_\_\_\_  
 Charge Account 1: \_\_\_\_\_ \$ \_\_\_\_\_ Charge Account 2: \_\_\_\_\_ \$ \_\_\_\_\_ This is a No Cost trip

**Destination(s)**

1. (city/state) \_\_\_\_\_ 2. (city/state) \_\_\_\_\_  
 Dates: \_\_\_\_\_ Through: \_\_\_\_\_ Dates: \_\_\_\_\_ Through: \_\_\_\_\_

**Personal Travel:** If personal travel is included in this trip, indicate the Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 What are the actual business dates of this trip if no personal travel? Depart: \_\_\_\_\_ Return: \_\_\_\_\_

**Estimated Expenses (indicate all that apply)**

<input type="checkbox"/> Airline ticket \$ _____ Agency _____ Agent _____	<input type="checkbox"/> Rental Car / Gas \$ _____ Avis 800-331-1212 / (intl) 800-331-1084 A514100 Budget 800-621-2844 T143800 Hertz 800-654-3131 65579
<input type="checkbox"/> Per Diem (# of days) # _____	<input type="checkbox"/> Registration fees (if not paid on Pcard) \$ _____
<input type="checkbox"/> Lodging \$ _____	<input type="checkbox"/> Telephone (work only) \$ _____
<input type="checkbox"/> Shuttle \$ _____	<input type="checkbox"/> Internet \$ _____
<input type="checkbox"/> Metro / Taxi / Bus \$ _____	<input type="checkbox"/> Group Lodging \$ _____
<input type="checkbox"/> Mileage 2wd _____ miles 4wd* _____ miles	<input type="checkbox"/> Group Meals (all receipts required) \$ _____
<input type="checkbox"/> Parking \$ _____	<input type="checkbox"/> Other: _____ \$ _____
<input type="checkbox"/> Tolls \$ _____	<input type="checkbox"/> _____ \$ _____

Additional comments: \_\_\_\_\_

\*4wd requires justification