



Colorado State University TEM Customer Form

Traveler Information

Full Name: _____
First M.I. Last

Address: _____
Street Address Apartment/Unit#

City State ZIP Code

Home Phone: _____ Alternate Phone: _____

Emergency Contact Name and Relationship: _____ Emergency Contact Phone Number: _____

Traveler type: Student Non-employee If CSU Student enter studentID _____

Traveler Citizen Status: U.S. Citizen Non U.S. Citizen

***If traveler is Non U.S. Citizen please answer following question and provide valid email address**

Describe purpose of travel _____

Current Valid email address for traveler _____

Department Information

Initiator Name: _____
First M.I. Last

Department number: _____
Department number

Department Address: _____
Department address

Initiator Email: _____

Initiator Phone: _____ Default Account: _____

Please complete this form if you are a first time traveler and return this to Allison in B356 or via email allison.pine@colostate.edu