

Pre-Travel Information Form

Name: _____

Are you a CSU Employee ?

CSU ID: _____

YES NO

Email : _____

Phone : _____

Destination or closest large city: _____

Departure Date: _____

International Travel: any change of travel dates after this form has been submitted may need to be re-approved by Risk Management insurance.

Return Date: _____

Method of travel: _____

Is a Travel Advance needed?

Personal travel (no cost to the University): _____

YES NO

Account to be charged: _____

Purpose of Trip (detailed information):

For International Travel, please note hotel/lodging address(es) and dates of stay at location(s)

IF AIRLINE TICKET IS PURCHASED ONLINE, YOU MUST PROVIDE MEMO EXPLAINING WHY

<http://frosch.com/cotravel/>

<http://www.travelnewhorizons.com/>

<http://www.travelsociety.com/>

Selected Travel Agency: _____

Per Diem or Actual Expense Reimbursement? _____

Estimated Airfare Cost: _____

[Link to Per Diem Rates](#)

Estimated Meal Cost: Daily rate: \$ _____ # of Days: _____ Total Meals _____

Estimated Lodging Cost: Daily rate: \$ _____ # of Nights _____ Total Lodging _____

*Estimated Rental Car Cost: Daily rate: \$ _____ # of Days: _____ Total Rental Car _____

Registration Fee: _____

Personal Mileage Total: _____ Total Cost Personal Car _____

Estimated Taxi/Shuttle Cost: _____

Other Expense Costs: _____

Explanation for other costs:

Estimated Total: _____

Emergency Contact: Name: _____

Email: _____

Relationship: _____

Phone: _____

Please submit completed forms to your unit's appropriate staff member. For pre-travel reimbursement, please submit receipts, in accordance to the guidelines provided, to your department staff as soon as available.

*Please visit <http://busfin.colostate.edu/depts/TravelSvc.aspx> for more information on CSU approved rental car agencies