

# 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