



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 _____ Emergency _____

Contact Name: _____ Contact Phone: _____

Traveler type: Student Non-employee If CSU Student enter student ID _____

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 email form to ebo@engr.colostate.edu for processing