



**COLORADO STATE UNIVERSITY-PUEBLO
TRAVEL REQUEST AND AUTHORIZATION FORM**

BLANKET
 IN-STATE

PID: _____

DATE: _____

| | |
|--------------------------------------|---|
| Traveler: | |
| Title: | |
| Department/program: | |
| Point of Departure | Destination |
| Departure date: | Return date: |
| Purpose and justification of travel: | |
| Mode of travel: | |
| <input type="checkbox"/> State Auto | <input type="checkbox"/> Private Auto** |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Commercial Plane |
| <input type="checkbox"/> Other | <input type="checkbox"/> Private Plane |

| University Funding | | | |
|--------------------|--------|---------------------------------|------|
| Account No | Amount | Signature of responsible person | Date |
| | | | |
| | | | |
| | | | |

| Other Funding Source | |
|----------------------|-----------------------------|
| Amount | Description of other source |
| | |
| | |
| | |

Travel Authorization & Certification

** I certify that the statements in the above schedule are true and just in all respects: that payment of the amounts claimed herein has not and will not be reimbursed to me from any other sources; that travel performed for which reimbursement was claimed was performed by me on State business and that no claims are included for expenses of a personal or political nature or for any other expenses not authorized by the Fiscal rules; and that I actually incurred or paid the operating expenses of the motor vehicle for which reimbursement is claimed on a mileage basis.

I certify that this trip is necessary to conduct university business and I request approval for the trip

Signature of Traveler

Date

Signature of supervisor or department head

Date

| Estimated expenses which the university will reimburse to the traveler | | | Amount |
|--|------|------|--------|
| Meals | Days | Rate | |
| | | | |
| Lodging | | | |
| Rental car | | | |
| Personal car (mileage) | | | |
| Taxi/Bus | | | |
| Airline ticket | | | |
| Registration fee | | | |
| | | | |
| Other: Specify | | | |
| | | | |
| | | | |
| SUB TOTAL: | | | |
| Expenses to be paid to the traveler only | | | |

| Estimated expenses to be paid directly by the university or department | |
|--|--|
| Airline ticket | |
| Registration Fee | |
| State Vehicle | |
| Other: Specify | |
| | |
| | |
| Sub Total: | |

GRAND TOTAL

| International Travel Authorization | |
|--|------|
| Must be submitted 30 days prior to departure | |
| Dean's Signature | Date |
| | |
| President's Signature | Date |
| | |
| International travel should be authorized by both the Department Chair and the president OR Delegate. Most Federal grants and some State grants/contracts do not allow for foreign travel. Please run it by Grant Administrator. | |