

CSU EMPLOYEE TRAVEL REQUEST

Your Name: _____

Emergency contact for you: their name, phone number, and relationship to you;

Accounts/Funds for expenses: _____

Trip Itinerary:

Begin travel date: _____ End travel date: _____

Destination: _____

Travel purpose (please elaborate): _____

Arline information:

Frosch - Dianne Stilwell, at Dianne.stilwell@frosch.com phone: (970)223-0442

If airfare will be direct purchase, reason; _____

Expenses to reimburse:

Per Diem – y/n ___ Registration \$ _____ done by PCARD? – y/n ___

Travel to and from airports and hotels -

Mileage – _____ Parking – \$ _____ shuttle \$ _____ taxi \$ _____

Rental car \$ _____ tolls \$ _____

Lodging:

Total amount \$ _____ (estimate is OK)

**** For International travel ****

Accommodations; hotel ___ apartment ___ house ___ other ___ unknown ___

Name (of hotel, place, etc) and contact phone number;

Mode of your transportation in foreign country * _____

Level of familiarity of region; none ___ some ___ fair ___ extensive ___

*Note: modes of transportation; personal vehicle, bus, walking/hiking, rental, ship/ferry/boat, train, rental vehicle w/driver, other, host vehicle, airplane. List all that apply.