RISK MANAGEMENT...NO EXPENSES...COPY FOR INSURANCE PURPOSES ONLY UNIVERSITY OF COLORADO

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## TRAVEL FORM

(TRAVEL AUTHORIZATION. TRAVEL ADVANCE, EXPENSE ADVANCE)

Name of Traveler							Travel Form No. (See Note 1 below)				
Fed. ID #/Soc. Sec.							Travel Agency				
Home Address							Destination (s)				
Home Address							Departure Date: Return Date:				
Home Phone Office Phone							Department				
Electronic mail address:							Approving Org Number:				
							Campus/Mail Box				
☐ Employee ☐ Student ☐ Non-Employee							Today's Date:				
If ADV	ANCE: [	] Travel (	(limit of	\$1500)			oday 3 Date.				
II AD VI				explanation	)		A	dvance processed on Vo	oucher ID:		
Purpose of Trip and/or Advance Explanation:								Estimated Expe	enses	Amount (\$)	
								Airline Ticket			
								Registration			
								Meals (Per diem) Location Days Rate			
								Location Days			
									\$		
								Total M	leals		
								<b>_</b>			
ChartE	ields to be C	harged				<del></del>					
				D	I Desired I	Cul					
Speed Chart	Account	Fund	Org	Program	Project /Grant	Sub- Class	Amount	Lodging Location Days	Rate	-	
Chart				-	/Grain	Class	1.		\$		
					1 1		1		s		
	,				1.			Total Lo	ndging		
								Total Ec	JUEINE		
					+		<del> </del>	<del> </del>			
					+		<del> </del>	<del></del>			
					1						
							<u> </u>		Rental car / gas / parking		
Accounting and Travel Offices use only								Taxi / bus / shuttle			
								Personal car mileage/parking			
								Other:			
								Other:			
								Total Estimated Expenses			
	Certification										
								contract or grant account, I her University Travel Policies. In			
me. I here	by appoint and o	constitute the	State Col	stroller or deleg	gate my attorne	y-in-fact fo	or the purpose of receiv	ing all funds due me and reimi	bursing the Sta	ne of Colorado	
Ineretrom	and may demand	d and receive	e anv mone	vs or credits p	avable 10 me fr	om the Sta	nte of Colorado to the ex	tient necessary to accomplish s	aid reimbursei	nent.	
Amount Requested: \$ Check Distribution:							Hold for pick-up by Dept.				
Date Requested: (indicate one)						<u>'</u>	Return to Dept. via Campus Mail Box #:				
Signat	II res				Return to Dep	t. Via Campus Mail	Box #:				
Signat	4163					T		· · · · · · · · · · · · · · · · · · ·			
Traveler Phone				ne	Date	Sponso	ored Programs	Phone Date		Date	
							-	T.//-			
						1					
Department Phone		ie .	Date	Other (	if necessary)	Pho	ne	Date			

Note 1: Suggested Travel Form Number = 8 Characters determined by department as: first two characters = traveler's initials; next 6 characters = MonthDayYear of trip departure date (i.e. 060999). This number will also be used as the OpenItem Reference Key.