



# 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 Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Traveler type: Student Non-employee If Student enter student ID \_\_\_\_\_

Traveler Citizen Status: U.S. Citizen Non U.S. Citizen Country of Citizenship \_\_\_\_\_

**\*If traveler is Non U.S. Citizen please answer following two questions and provide valid email address**

Describe purpose of travel \_\_\_\_\_  
\_\_\_\_\_

Will the traveler provide any services while traveling for CSU? Yes No

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 [BFS\\_TEM\\_Customer@mail.colostate.edu](mailto:BFS_TEM_Customer@mail.colostate.edu) for processing