Colorado State University TEM Customer Form

Traveler Information

Full Name (First/MI/Last): _____

Address (Street Address/Apt Unit): _____

Address (City/State/Country/Zip Code): _____

_____

Phone Number: _____

Current Valid Email Address: _____

Emergency Contact Name/Relation/Phone #: _____

Traveler Type: CSU Employees do not complete this form, create an employee TEM profile from KIM

Non-Employee: _____ **CSU Student, Enter CSU Student ID:** _____

Traveler Citizenship Information

Are you a U.S. Citizen? If no, please answer the traveler questions below: ☐ **YES** ☐ **NO**

What is your country of citizenship: _____

Are you a nonresident alien for tax purposes? _____

Visa Type: _____

Describe the Purpose of Travel:

Department Information

Initiator Name (First/MI/Last): _____

Department Name/Number: _____

Initiator Email: _____

Please email the completed form to BFS_TEM_Customer@mail.colostate.edu for processing