

Department of Soil and Crop Sciences International Travel Authorization Request

PRIOR to any travel, this form must be received by the SCS front office. Please have the travel agent email your itinerary to Jeannie.Roberts@colostate.edu as soon as you have approved the flights.

Traveler Name _____ Account # _____

Email _____

If Non-Employee, please provide address _____
City/State/Zip _____

Trip Destination _____

Purpose and Justification _____

Date Departing _____ Date Returning _____

Cell number or Other Contact During Trip _____

Modes of Transportation while out-of-country

Personal Vehicle	Bus	Walking/Hiking	Rental Vehicle
Ship/Ferry/Boat	Train	Rental Car w/ Driver	Other
Host Vehicle	Airplane		

Region Familiarity _____

Name of Hotel _____

Address _____

Phone _____

Are you claiming per diem? Yes _____ No _____

Estimated Expenses (indicate all that apply)

Airfare	\$	Rental Car	\$
Baggage Fee	\$	Gas	\$
Lodging	\$	Registration Fees	\$
Shuttle/Taxi/Bus	\$	(not paid on PCard)	
Parking	\$	Telephone	\$
Tolls	\$	Internet	\$
Mileage 2wd _____ miles		Group Meals	\$
(150 round trip to DIA)		(all receipts required)	
Mileage 4wd _____ miles		Group Lodging	\$
(need justification for 4 wd)		Other	\$