CSE Travel Request Form

Christopherson Business Travel (contact information):

Toll Free Phone:  1-855-462-8885

Local Phone: 303-694-8744 Local Fax:  303-741-6329

Emergency after hours:  1-800-787-2390

Hours of operation:  7:00am - 5:30pm (Mountain Time)

Need assistance when booking travel online with CBT Travel??

Online Support Team:   1-888-535-0179

Email to the online team is:

onlinetravelsupport@cbtravel.com

Hours are 7:00am - 6:00pm (Mountain Time)

**Date: Thursday, June 14, 2012**

**Name: Click here to enter text.**

**Phone: Click here to enter text.**

**Cellphone: Click here to enter text.**

**Origination (City, State, Country): Denver CO, USA**

**Destination (City, State, Country): Click here to enter text.**

**Travel Start Date: Click here to enter a date.**

**Travel End Date: Click here to enter a date.
Name of Travel Agency if other than Christopherson Business Travel:**

**The University of Colorado requires a quote from Christopherson even if your travel is funded externally (please provide a quote):**

**Total Estimated Cost of Travel: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Lodging: $**

**Registration: $**

**Transportation: Click here to enter text.**

 **Rental car:**

 **Ground Transportation (shuttle, taxi):**

 **Airfare: $**

**Per Diem Days:**

**Miscellaneous travel:**

**International Travel requires a contact name:**

1. **A. If you are attending a conference and will present a paper, please provide a copy of your paper and the URL (or printout) of the conference you will be attending:**

**B. Otherwise, please describe the purpose of this trip:**

1. **If you are funding this travel from your RIA, startup, or external grant(s) please provide the speedtype(s) and funding distribution (if paying from multiple accounts):**

 **Speedtype: \_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_**

 **Speedtype: \_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_**

 **Speedtype: \_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_**

 **Speedtype: \_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_**

1. **Are you requesting funds from the Department?** [x] **Yes** [ ] **No**

**If yes, how much?: $**

1. **Amount of Department fund authorized: $**
2. **Will you be missing any of the classes you are teaching during this travel? If so explain how these classes will be covered.**