Fiscal Services Administration Building - Suite 310 Campus Box 211 P.O. Box 173363 Denver, CO 80217

Fax: 303-352-3023 Phone: 303-352-6905



Out-of-Country Travel Request and Authorization

FORWARD TO SUPERVISOR/PRESIDENT AT LEAST 90 DAYS PRIOR TO DEPARTURE

Traveler Information			
Name:First		M.I. Las	t
S#: <u>S</u>		Phone#:	
Email:		Org Code:	
Department:			
Destination:			
Time and Date of Departure:		Time and Date of Return:	
Purpose and Justification of Travel	<u>!</u>		
Estimated Expenditures	Amount	Mode of Travel	
Transportation		☐ Private Auto ☐ Tra	ain
Meals			
Lodging		☐ Commercial Plane ☐ Bu	S
Registration Fee		_	
Incidental Expenses		□ Other:	
Total			
Requesting Traveler:			
nequesting fraveier.	Print Name	Signature	Date
Supervisor's Approval:			
	Print Name	Signature	Date
College President's Approval:			
(Out-of-Country Travel)	Print Name	Signature	Date
System President's Approval:			
(Out-of-Country Travel)	Print Name	Signature	Date

Forward Original to Fiscal – Keep Copy for your Records