

TV#

DOC #:

PRE-TRAVEL
DEPARTMENT OF STATISTICS
This form should be filled out BEFORE
you travel

Traveler Information (a separate form is required for each traveler and each destination)	
Traveler:	Travel Agency:
Email:	
Destination:	Dates of Travel:
Purpose of Trip:(If you are traveling on grant funds, please provide a justification appropriate to your grant)	
Domestic:	International: (check one, if international please provide details below)
Name/Address of Lodging (required for international travel):	Cell Phone Number (required for international travel):
Expenses to be paid:	
Airfare: \$	Ground Transportation: \$
State or Rental Car*: \$	Registration: \$
Lodging: \$	# of Per Diem Days:
Miles: @ \$.63/mile	Tolls: \$
Parking: \$	Total: \$
Expenses to be Allocated to the following accounts:	
Account #	Amount or Percentage
1.	
2.	
Classes to be covered during absence	By whom
1.	
Emergency Contact Information- In the event of an emergency please contact:	
1.	@

***Rental cars must be rented through a state contracted agency-**
<http://www.colorado.gov/cs/Satellite/DPA-DCS/PA/1201542229336>

~~~~~PLEASE NOTE~~~~~

The airline ticket marked "Receipt" is **REQUIRED** for payment of airfare, please provide upon return.

Receipts are required, with the **exception** of **per diem** and **mileage**, please provide upon return.

Last Updated: 8/20/25