



Colorado State University TEM customer form

Traveler Information

Full Name: _____
First M.I. Last

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Alternate Phone: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Traveler type: Student Non-employee

Traveler Citizen Status: U.S. Citizen Non U.S. Citizen

If Student enter student id number: _____

Department Information

Initiator Name: _____
First M.I. Last

Department number: _____
Department number

Department Address: _____
Department address

Initiator Email: _____

Initiator Phone: _____ Default Account: _____

Please email form to [BFS TEM Customer@mail.colostate.edu](mailto:BFS_TEM_Customer@mail.colostate.edu) for processing