Colorado State University-Pueblo
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 for processing