

# CSES Travel Authorization

Please complete at least 1 day in advance if at all possible! Thank you!

Personal Information	
Name	
Department	000300 CSES
Cell Phone Number	
Fund Number & Activity Code	
Travel Information	
Destination(s)	
Purpose of travel	
Departure date & Time	
Return date & time	
Name & Address of Lodging (please include lodging ( <b>Zipcode</b> ))	
Mode of Transportation (personal vehicle, Dept. vehicle, fleet services, airline and or rental vehicle)	
Estimated round trip mileage if personal vehicle is used	