

CAP Travel Authorization Request

Instructions:

Complete and submit this form electronically to your Supervisor.

Submit completed and signed form to CAP.Travel@ucdenver.edu

Domestic Travel Only – International Travel Requires a [Concur Request](#)

Date: _____

CU Affiliation: Employee – Enter Employee ID# _____ Student – Enter Student ID# _____

Traveler Name: _____ Supervisor Name: _____

Please provide the speedtype(s) and total amount(s) the expenses will be charged to:

Speedtype: _____ Amount: _____ Speedtype: _____ Amount: _____

Trip Information

Destination (City, State or Country): _____

Departure Date: _____ Return Date: _____

Detail on how this trip will benefit your research, teaching, your Department, CAP or the University

Travel Expense Estimates

Type of Expense	Description of Expense	Expense Amount
Airfare		
Conference Registration Fees		
Lodging		
Rental Car and Gas		
Mileage	Estimated miles: _____ X Current rate: \$0.56	
Per Diem	Visit this page for rates, refer to the Meals & Incidental Expenses (M&IE) rate	
Miscellaneous		
	Total Estimated Expenses Amount	

Notes (Provide additional information related to this trip)

Supervisor/SpeedType Approver Signature and Date