



Business and Financial Services
Department Higher Authority (DHA) Authorization Form

Complete all sections and obtain necessary signatures.

Please forward to Travel Services, 6003 Campus Delivery or email to bfs_tem_users_questions@mail.colostate.edu

New DHA Information

Name: _____ NETID: _____
 Dept. Name: _____ Dept.#: _____
 Dept. Address: _____ Phone #: _____

Prior DHA – (DHA will be replaced or resign from current role)

Name: _____ NETID: _____

Name and Phone Number of Person Completing form: _____

Travel Department Authorization Number(s)

Example TRAV-6003

AUTHORIZATIONS		
<p>I, _____, request travel authorization authority for all departments listed and agree to comply with all policies and procedures regarding University Travel. I agree that all approved travel will be for official University business purposes only.</p> <p>I understand that in the event of willful or negligent default of this privilege, the University shall take any recovery action deemed appropriate, that is permitted by law.</p>		
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	_____	
Signature of Applicant	Date	
<p>I request that the above-named individual, an employee of Colorado State University, be granted travel authorization authority.</p>		
_____ Type or print name of Dean, Director or Dept. Head	_____ College Business Officer	_____ Date

For Business and Financial Services Use Only			
_____ Entered into Database by	_____ Date	_____ Supervisor, Travel Services	_____ Date