

# Application Forms – Department Higher Authority (DHA) Authorization

Filling out the Department Higher Authority (DHA) Authorization For

1/24/2023



## 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](mailto:bfs_tem_users_questions@mail.colostate.edu)

#### New DHA Information

1.

Name:	<input type="text"/>	eid:	<input type="text"/>
Dept. Name:	<input type="text"/>	Dept. #:	<input type="text"/>
Dept. Address:	<input type="text"/>	Phone#:	<input type="text"/>

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

2.

Name:	<input type="text"/>	eid:	<input type="text"/>
Name and Phone Number of Person Completing form:	<input type="text"/>		

#### Travel Department Authorization Number(s)

3.

Example TRAV-6003

  

4.

<b>AUTHORIZATIONS</b>			
I, <input type="text"/> , 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.			
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.			
<input type="text"/>		<input type="text"/>	
Signature of Applicant		Date	
I request that the above-named individual, an employee of Colorado State University, be granted travel authorization authority.			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type or print name of Dean, Director or Dept. Head	College Business Officer	Date	
For Business and Financial Services Use Only			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Entered into Database by	Date	Supervisor, Travel Services	Date

Sections:

1. Fill out all boxes completely for the user.
  2. If another individual is being replaced by the user, fill out this section.
    - a. Once the user has been setup, the individual in this section will be removed from the Travel groups listed in Section 3.
  3. List out the Department Number(s) being requested for Travel Department Authorization.
  4. The user must Read and Agree to the conditions outlined in this section. The user must sign and date this application. Once this is done, the user's Dean, Director or Department head MUST sign this form.
    - a. If any of these signatures are missing, the application will be rejected and sent back.
    - b. This is the only form that needs to be sent to a different email address. Once the form is complete, please send it to [bfs\\_tem\\_users\\_questions@mail.colostate.edu](mailto:bfs_tem_users_questions@mail.colostate.edu)
- \*Note: If the user is missing Role 54 (General KFS access), and has the DHA Group, whenever this user tries to Ad Hoc an individual, the error message below will be displayed in KFS.

## AD HOC RECIPIENTS

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### Errors found in this Section:

- The person that you have selected to receive an ad hoc request for this document is not authorized for the specified action requested.

This form can be downloaded from [here](#)