# KEAN UNIVERSITY

## TRAVEL REIMBURSEMENT FORM

**NAME**

**STREET**

**CITY**

**STATE**

**ZIP**

**E-MAIL ADDRESS**

**KEAN I.D.**

**Ext.**

**ADDRESS CHANGE**

### DATE

<table>
<thead>
<tr>
<th>DATE</th>
<th>DESCRIPTION OF EXPENSE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ex: Hotel, Meals, Conf, Registration, Transportation, Misc, etc</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL NUMBER OF MILES =**  

@ $ 0.31 =

**TOTAL**

**ATTACH ORIGINAL RECEIPTS**

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**EMPLOYEE CERTIFICATION**

I certify that the above expenses are correct in all respects; that the distances as charged have been actually and necessarily traveled by me on the dates therein specified; that the amount as charged has been actually paid for by me for traveling expenses; that no part of the account has been paid by the university, but the full amount is due. I also CERTIFY that on the date(s) when the above items of expense were incurred, the vehicle I was using on university business was covered by liability insurance as follows:

- Company: ______________________
- Coverage: $_____ (BODILY INJURY) $_____ (PROPERTY DAMAGE)

**EMPLOYEE'S SIGNATURE**

**Date Submitted**

**Title**

**Official Station**

**Normal Commutation - Mileage:** ______________________  

**Cost:** ______________________

**SUPERVISOR APPROVAL**

**Dept. Name**

**Date**

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**ATTACH ORIGINAL RECEIPTS PURSUANT TO TRAVEL REGULATIONS**

**ACCOUNTING-FILE COPY**