



Blanket Travel Number

KEAN UNIVERSITY TRAVEL AUTHORIZATION REQUEST

Name, Address, City, State, Zip, KEAN ID#, Title, Location

Table with 3 columns: FUND, COST CENTER, OBJECT

Email: Ext.

Departure Date AM PM, Return Date AM PM

Destination (CITY & STATE), Conference Name

Is the employee's travel being totally paid for with University funds... YES NO

REASON FOR TRAVEL

ESTIMATE OF TOTAL CHARGES TO BE INCURRED (EXAMPLES: Hotel, Registration Fees, Airfare, Parking, Meals, etc.)

Additional information: http://www.kean.edu/travel_manual.html

ITEMS AMOUNT

TOTAL EXPENSES

Empty box for total expenses

Employee Signature Date

UNIVERSITY APPROVALS

ORSP/Garnt Funded Program Only for Grant Funded Travel Date

Department Chair/Director Date

Dean/Supervisor Date

Division Vice President Date

V.P. for Administration & Finance REQUIRED SIGNATURE Date

President Date

ETHICS LIAISON OFFICER USE ONLY

Approved Disapproved

Ethics Liaison Officer Date