



# KEAN

## Travel Pre-Payment Check Request Form

Office of Financial Services

Financial Services USE ONLY

Voucher No.: \_\_\_\_\_

Voucher Date: \_\_\_\_\_

AP Type: \_\_\_\_\_

### Payee Details

Payee ID No.: \_\_\_\_\_

Payee Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please select one:**

**NOTE: ATTACH ALL SUPPORTING DOCUMENTATION FOR PRE-PAYMENT REQUEST.**  
(i.e. registration form, hotel confirmation, invoice)

BT Number:		Employee Name:	
Date:		Phone/Extension:	

Description:	Total Amount

Total Dollar Amount (in words): \_\_\_\_\_

University Approval: \_\_\_\_\_  
Signature – Financial Services Date

*\* Must attach signed Travel Authorization form with assigned BT number*