

PLEASE PRINT CLEARLY AND FIRMLY



BLANKET TRAVEL NUMBER

**KEAN UNIVERSITY
TRAVEL AUTHORIZATION REQUEST**

Name _____
 Address _____
 City _____ State _____ Zip _____
 KEAN I.D. # _____
 Title _____ Location _____

FUND	COST CENTER	OBJECT

E-mail: _____ Ext. _____

Departure Date _____ AM _____ PM _____ Destination _____
(CITY & STATE)
 Return Date _____ AM _____ PM _____ Conference Name _____

Is the employee's travel being **totally** paid for with University funds, grant funds held by the University or personal funds? **Yes** _____ **NO** _____
Names and titles of other employees traveling on same mission:

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

<u>ITEMS</u>	<u>AMOUNT</u>

TOTAL EXPENSES

Employee Signature _____ Date _____

UNIVERSITY APPROVALS

ORSP/Grant Funded Program <small>Only for Grant Funded Travel</small>	_____	Date _____
Department Chair / Director	_____	Date _____
Dean / Supervisor	_____	Date _____
Division Vice President	_____	Date _____
Executive V.P., Operations <small>REQUIRED SIGNATURE</small>	_____	Date _____

ETHICS LIAISON OFFICER USE ONLY

Approved _____ Disapproved _____

Ethics Liaison Officer _____ Date _____