

WORLD-CLASS EDUCATION

Kean University Academic Travel Training

Misti Ward, Managing Administrative Assistant Office of the Provost and Senior Vice President VPAA Travel – travelvpaa@kean.edu

July 19, 2023



Agenda

- Travel document statistics
- Travel Authorization Request Form
- Ethics Compliance Form
- Travel Support Application
- Student Travel Registration Forms (Day/Overnight)
- Curricular Travel Notification Form (S-1)
- Roster Form (S-2)
- Bus Trip Approval Form (S-3)
- Student Travel Authorization Form
- Expediting the process
- Q & A

KEAN Travel Document Statistics



Travel Authorization Form

- Fund, Cost Center, Object Code
- Departure and Return Dates Must match the dates on the Ethics Form
- Is your travel being totally paid...?
- Total Expenses Must match expenses on the Ethics Form
- Employee Signature
- Date
- Dean's Signature and Date

	KEAN U	INIVERSITY			BLANKET TRAVE	L NUMBER		
	AUTHO	RIZATION RE		IECT				
VES TRAVEL	AUTHC	KIZATION KE	Q	JEST				
Name:			_ 1	FUND	COST CENTER	OBJECT		
Address:			_ }	FUND	COST CENTER	UBJECT		
City:	State:	Zip:	_			~		
Kean ID#			_ !					
Tide:	Location:		6	Email:	Ext:			
Departure Date: AM	PM	Destination:						
Return Date: AM	PM	(CITY, STATE) Conference Name:						
Is your travel being totally paid for wit			the l	University or	personal funds? Y	N		
Names and titles of other employees tra	aveling on the	same mission:						
Reason for Travel- If not a Kean employ	vee, please ex	plain in what capacity you	Lare	traveling:				
Only for Grant-Funded Travel								
Name of Grant-Funded Project:								
Source of Funding:								
Is this budgeted in the original grant pr	-							
If yes, what is the initial amou	nt of fund doll	ars in the 5030 line?						
If no, how will it be covered?				5	Bullio Male as Malbi			
ESTIMATE OF TOTAL CHARGES TO BE information: Travel Manual	INCORRED: (I	EXAMPLES: Hotel, Registra	ation	Fees, Airrare		onal		
ITEMS					AMOUNT			
		т	OTA	L EXPENSES				
Signature:					Date:			
		UNIVERSITY APPRO	VALS					
1. Project Director: (Only for Grant-Funded Travel)			_		Date:			
2. ORSP/Grant Funded Program: (Only for Grant-Funded Travel)					Date:			
3. Department Chair/ Director:					Date:			
4. Dean/ Supervisor:					Date:			
5. Division Vice President:					Date:			
6. Division Senior Vice President: Date:								
7. Chief Financial Officer:				Date:				
8. President:					Date:			
	E	THICS LIAISON OFFICER	USE	ONLY				
	APPROVE			DISAPPRO	VE			
Ethics Liaison Office:					Date:			

Ethics Form (Page 1)

- Complete all fields
- "Sponsor" refers to the host organization
- Is the employee presenting, speaking, or serving as a resource person in their State Capacity as representative of Kean University?
- "Agency" refers to Kean University
- The Location and Dates should match the information on the Travel Authorization Form.

		STATE E	THICS COMM	ISSION		Rovision Date: February
	Request Fo	r Appro	oval For A	ttendance At I	Events	
Department:						
Name:						
Division						
Title			Telephone		Fax	
Email						
Event						
Sponsor						
s the Sponsor a	in "interested party"?	Yes	No			

"Interested party" means: 1) any person or entity your institution regulates, licenses or supervises; 2) any grantee or grantor to your institution and any employee, representative or agent thereof; 3) any supplier/vendor to your institution; 4) any advocacy group that advocates or represents the positions of its members to your institution; 5) any organization a majority of whose members fall under 1-4 above.

Is the State official a speaker, panel participant or resource person?	Yes	No						
Is the sponsor an agency of the federal government, one or more other states or a political subdivision thereof?	Yes	No						
Is the sponsor a nonprofit organization? Yes No								
If Yes, is the employee or agency a member? Yes No								
Does the nonprofit organization have any contracts with the State?	Yes	No						
Location	Date(s)							
Overnight accommodations required? Yes No								
Out-of-state travel required? Yes No								
Estimated total costs? \$								
Breakdown of Costs:								
Transportation \$ Meal	s S							
Accommodations \$	stration Fees	\$						

Ethics Form (Page 2)

- "Agency" refers to Kean University
- "Sponsor" refers to the host organization
- There are two categories of faculty travel:
- 1. Professional development: Relevant and significant scholastic paper presentations, as determined by the Dean, the maximum shall be \$1,000
- 2. Active participation as deemed relevant by the Dean, the maximum shall be \$500
- Note any applicable additional sources of funding on the Travel Authorization Form. I.E. June resources = \$1000
- Attach both the invitation letter and the agenda/description of the event.
- Check for signatures and dates

							Save Form	Print	Clear For
Agency to	pay costs?	Yes	No				Save Form	Print	Clear Fo
Sponsor to	o pay costs?	Yes	No						
Employee	to pay costs?	Yes	No						
Other ners	son or entity to p	nev costs?	Yes		No		lf ves, note r	name below:	
ourier pers	for or entry to p	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					n yes, note i		
B	r attendance:								
Reason to	r attendance:								
Will spons	or offer an hone	pranium or 1	tee?	res	No				
Check:	Copy of i	invitation le	tter attac	hed.					
	Copy of a	agenda or	other des	scriptio	1 of even	t atta	iched.		
					_				
						_			
	Em	iployee Signa	ature				D	ate	
						_			
	Supervisor	's Signature a	and Approv	/al			D	ate	
Note:	Any substitut	ions or ch	anges o	f circu	nstance	s mu	ist be reporte	d to your EL	0.
		***SP/	ACE BELO	W FOR	ELO USE	ONL	yese		
Attend	ance approval?	? Yes	N	0					
	Mate	. Accento	- of he		6		of comitted		
	note	. Ассериа	ice of fic	noran	a or rees	is n	ot permitted.		
Conditions:									
Signature							Date		
orginature	E)	thics Liaison	Officer						_
	Sponsor is an speaker, pane								
	Ethics Commis								

Travel Support Application

- Complete all fields
- "Type of Presentation" Choose from the drop-down menu
- "Employee Status"
- "Title of Presentation"
- If the employee is conducting research that should be noted here. "Research" and type
- "Disciplinary history"
- Applicant Signature and date

KEAN	FORM E-1								
Travel Support Application									
*This form must be attached to the Travel Authorization *Hend written documents will not be accessed									
Travel support is limited to \$1,000 per indi	vidual.								
Name: Department:	Kean ID#:								
Category Please Select One									
Type of Presentation; Please Select One Y Title of Presentation;	Type of Presentation: Please Select One Title of Presentation:								
Describe in detail how this activity will advance your scholarly contributions, to campus community:	eaching effectiveness, and service to the								
Scholarly Contributions:									
Teaching Effectiveness:									
Service:									
Jervice.									
Provide rationale on any travel for more than three days:									
If the dates of travel conflict with scheduled class time, please indicate the pla for travel. Managers, Directors, and Deans also need to provide coverage for t									
Disciplinary history: YES NO									
Copy of the current semester teaching schedule is attached.									
Applicant Signature: Date	of Application:								

Student Forms (S-1)

- Submit with the supervising faculty member's travel packet
- Signatures and dates

KEAN UNIVERSITY

CURRICULUM RELATED TRAVEL NOTIFICATION FORM

Form must be submitted before end of September each year for scheduled or anticipated curriculum related travel.

Semester			_ Year		_		Day Trip		Over	night Travel		
Dept/Pro	gram:						Course/Activity					
Departur	e Date							Return	Date			
Destinatio	on:											
Nature of	Trip:											
ELIGIBI		Criteri	ia for stud	ent eligi	bility: (d	.c. major.	class stan	ding, G	PA, etc	a		
				•				0,		/		
Estimated	i Numb	er of S	tudents:									Ĩ
				(I trip	advisor	per 48 stud	lents for da	ıy trip/ 1	trip ad	visor per 25 stu	dents for o	vernight)
SUPERV	ISION:	Facult	y Supervi	sor:						Campus Ext		
Home Nu	mber:						E	mail:				
Others at	tending	: (list a	ll potentia	il faculty	/staff p	articipants	5)					
TRAVEL	: Name	of Hot	el/Lodgin	g:								
Transpor	tation:		Bus	Trai		Plane	Stude	ent/Self		Other		
Travel co	sts:			Lodging				,	Icals:			
(approx	· per pe	rson)		(price p	er day x	# of day	s)	(price p	er day x # of d	ays)	
				Transpo	ortation				Registra	tion fees		
FUNDIN	<u>G:</u> Sour	ces: (cl	heck all th	at apply): Kea	n funded	Stu	dent fur	nded			
External	grant fu	nded_	0	ther exte	ernal sou	irces (desci	ribe) *		_			
NOTE: C	000000	ation o	r henefits	of any I	ind me	v not be a	control for		erterne	l cource witho	nt express	ed.

NOTE: Compensation or benefits of any kind may not be accepted from any external source without expressed written approval by the Dean and the VP of Academic Affairs or their designees. Such approval must be indicated as an attachment to this document.

Submitted by:	Date
Approval:(Dean/Executive Director)	Date
Approval:(Academic Affairs)	Date

Student Forms (S-2)

- Submit with the supervising faculty member's travel packet
- If a student is added to or removed from the trip, the name will need to be removed from the roster prior to submitting the document to VPAA Travel

	KEAN UNIVER:	SITY	FORM S-2
	STUDENT TRAVEL I (Participant Lis		
COURSE	SEMESTER	YEYE	AR
INSTRUCTOR			
Preliminary - Date (If prior to registration, estimate		Final - Date (Final list to Dean A)	
Name	Major	GPA	Class Standing
-			
(attach additional page(s) if re	equired)		

Student Forms (S-3)

- Submit with the supervising faculty member's travel packet
- Signatures and dates

KEAN UNIVERSITY

BUS TRIP APPROVAL FOR CURRICULAR RELATED TRAVEL

Course Information								
Department/School:								
Course(s)/Sections(s):								
Supervising Faculty/Staff:								
Contact Information: Extension: E-mail:								
Approximate Number of students: (1 trip advisor per 48 students for day trip/ 1 trip advisor per 25 students for overnight)								
Trip Details								
Type of Trip: Day Trip Overnight Travel								
Date of Departure: Date of Return:								
Destination:								
Description of Trip:								
Departure Time from Return Departure Time from Visiting Site:								
Name of Bus Company:								
Specific Transportation Needs: (e.g. handicapped/disabled students)								
Approvals: Cost Center No Object Code = 5047								
Dean/Executive Director/Program Director Date								
Dear Decorr regian Director								
Office of Academic Affairs Date								

 Note: A complete list of the students participating in the field trip must be filed with University Purchasing, the Office of the Dean and Campus Police prior to departure.
 FORWARD THIS COMPLETED FORM TO UNIVERSITY PURCHASING (908-737-5050)

Student Form – Travel Authorization Request

- Version A (Multiple student travelers with equal travel expenses"
- "Name" "See attached student roster"
- "Title" "Students"
- Version B (Individual Student or Multiple Student travelers with different travel expenses)
- If travel expenses = \$0 this form will also need to be filled out
- Signature and date

Kean ID#									
TRAVEL AUTHORIZATION REQUEST Name: Image: Image		KEAN UNIVERS		BLANKET TRAVE	LNUMBER				
Name: Address: Chy: State: Zip: Chy: Chy: State: Zip: Chy: Chy: Chy: Chy: Chy: Chy: Chy: Chy	(-[2]思思心~)			UEST					
Address:State:ZIP:									
City:				FUND	COST CENTER	OBJECT			
Title: Location: Email: Ext: Departure Date: AM PM Destination: Corrigonation: Return Date: AM PM Conference Name: N Is your travel being totally paid for with University funds, grant funds held by the University or personal funds? Y N Names and titles of other employees traveling on the same mission: Reason for Travel. If not a Kean employee, please explain in what capacity you are traveling: Only for Grant-Funded Travel Name of Grant-Funded Travel No If yes, what is the initial amount of fund dollars in the 5030 line? If no, how will it be covered? StITMATE OF TOTAL CHARGES TO BE INCURRED; (EXAMPLES: Hotel, Registration Fees, Airfare, Parking, Meals, etc.) Additional information: Travel Manual AMOUNT Signature: Date: Date: Oate: LONIVERSITY APPROVALS Date: Oate: Oate: 1. Project Director: Date: Date: Oate: Oate: Oate: 2. ORSIVICENT Rholed Program: Date: Date: Oate:	City:	State:Zip:				~			
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APPROVE DISAPPROVE	8. President:				Date:				
			OFFICER USE		_				
Ethics Liaison Office:Date:		APPROVE		DISAPPROV					
	Ethics Liaison Office:				Date:				

Expediting the process

- Submit completed documents to the Dean's office <u>6 weeks in advance of your departure</u> <u>date</u>
- Order of the process: Faculty/Staff Department Dean's Office VPAA Travel
- Dean's office requests revisions from the department prior to submitting to VPAA Travel
- Note all sources of funding on the Travel Authorization Form and in the email
- Revised documents: Double check for all required signatures and dates
- Grant funded: Secure the signature from ORSP prior to the Dean's office submitting to VPAA Travel
- Attach a separate PDF per traveler
- E-mail Subject Jane Doe 11.17.23 Travel Request
- PDF label "Doe, Jane Kean University Conference Travel"
- If a document is submitted under the 5-week deadline, provide a rationale for the late submission within the body of the email.
- Submit revised documents within the same email chain
- VPAA Travel will send all communication directly to the Dean's office. This includes requests for revisions and approval completion updates
- Students are to travel with staff/faculty. If students are traveling independently, they will need to submit a waiver with the travel documents.
- All forms on the Kean Travel Manual website are current and should be used
- Forms should be typed not handwritten
- VPAA helps to organize the Honors Convocation, a portion of undergraduate and graduate commencement, and New Faculty Orientation. Please submit travel documents well in advance of these events to avoid delays. (These events occur in May and August)



WORLD-CLASS EDUCATION