



Blanket Travel Number

**KEAN UNIVERSITY  
TRAVEL AUTHORIZATION REQUEST**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

KEAN ID#: \_\_\_\_\_

Title \_\_\_\_\_ Location \_\_\_\_\_

FUND	COST CENTER	OBJECT

Email: \_\_\_\_\_ 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](http://www.kean.edu/travel_manual.html)ITEMSAMOUNT**TOTAL EXPENSES**

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Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**UNIVERSITY APPROVALS****ORSP/Garnt Funded Program** \_\_\_\_\_ Date \_\_\_\_\_  
Only for Grant Funded Travel**Department Chair/Director** \_\_\_\_\_ Date \_\_\_\_\_**Dean/Supervisor** \_\_\_\_\_ Date \_\_\_\_\_**Division Vice President** \_\_\_\_\_ Date \_\_\_\_\_**V.P. for Administration & Finance** \_\_\_\_\_ Date \_\_\_\_\_  
**REQUIRED SIGNATURE****President** \_\_\_\_\_ Date \_\_\_\_\_**ETHICS LIAISON OFFICER USE ONLY****Approved** \_\_\_\_\_**Disapproved** \_\_\_\_\_**Ethics Liasion Officer** \_\_\_\_\_ Date \_\_\_\_\_