

_Date:_____



KEAN UNIVERSITY TRAVEL AUTHORIZATION REQUEST

VER TOUR		31112/111314 1121				
Name:			FUND	COST CENTER	ОВЈЕСТ	
Address:			TOND	COST CLATER	OBSECT	
City:	State:	Zip:				
Kean ID#						
Title:Location:			_Email:Ext:			
Departure Date:	AM PM	Destination:				
Return Date:	AM PM	(CITY, STATE) Conference Name:				
Is your travel being totally paid fo	r with University	funds, grant funds held by th	ne University or	personal funds? Y	N	
Names and titles of other employee	es traveling on t	he same mission:				
Reason for Travel- If not a Kean en	nployee, please	explain in what capacity you a	are traveling:			
Name of Grant-Funded Project:						
Source of Funding:						
Is this budgeted in the original grad						
If yes, what is the initial ar		ollars in the 5030 line?				
If no, how will it be covered		(E)(A)(D) = 0 (1) (1) (1)				
ESTIMATE OF TOTAL CHARGES TO information: <u>Travel Manual</u> <u>ITEMS</u>	<u> RE INCURRED:</u>	(EXAMPLES: Hotel, Registrat	ion Fees, Airtar	e, Parking, Meais, etc.) Additions <u>AMOUNT</u>	nai	
a. .	:S					
Signature:				Date:		
1 Duniant Diseases		UNIVERSITY APPROVA	ALS	Data		
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:		
		ETHICS LIAISON OFFICER U	SE ONLY			
	APPROV	⁄E	DISAPPRO	OVE		

Ethics Liaison Office: