



KEAN UNIVERSITY TRAVEL AUTHORIZATION REQUEST

BLANKET TRAVEL NUMBER

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Kean ID# _____

Title: _____ Location: _____ Email: _____ Ext: _____

| FUND | COST CENTER | OBJECT |
|------|-------------|--------|
| | | |

Departure Date: _____ AM PM Destination: _____

(CITY, STATE)

Return Date: _____ AM PM Conference Name: _____

Is your travel being **totally** paid for with University funds, grant funds held by the University or personal funds? Y NNames 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 Project:Source of Funding:

Is this budgeted in the original grant proposal? Y N

If yes, what is the initial amount of fund dollars in the 5030 line?

If no, how will it be covered?

ESTIMATE OF TOTAL CHARGES TO BE INCURRED: (EXAMPLES: Hotel, Registration Fees, Airfare, Parking, Meals, etc.) Additional information: [Travel Manual](#)

| <u>ITEMS</u> | <u>AMOUNT</u> |
|--------------|---------------|
| | |

TOTAL EXPENSES

Signature: _____ Date: _____

UNIVERSITY APPROVALS

1. Project Director: _____ Date: _____

(Only for Grant-Funded Travel)

2. ORSP/Grant Funded Program: _____ Date: _____

(Only for Grant-Funded Travel)

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 USE ONLY

APPROVE

DISAPPROVE

Ethics Liaison Office: _____ Date: _____