



KEAN

Travel Pre-Payment Check Request Form

Office of Financial Services

Financial Services USE ONLY

Voucher No.: _____

Voucher Date: _____

AP Type: _____

Payee Details

Payee ID No.: _____

Payee Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Please select one:

NOTE: ATTACH ALL SUPPORTING DOCUMENTATION FOR PRE-PAYMENT REQUEST.
(i.e. registration form, hotel confirmation, invoice)

BT Number:	_____	Employee Name:	_____
Date:	_____	Phone/Extension:	_____

Description:	Total Amount

Total Dollar Amount (in words): _____

University Approval: _____

Signature – Financial Services _____ Date _____

** Must attach signed Travel Authorization form with assigned BT number*