BT, BPO or P.O. Number



TRAVEL REIMBURSEMENT FORM

NAME					
NAME			FUND	COST CENTE	R OBJECT
STREET					
CITY	STATE ZIP				
E-MAIL ADDRESS			VOUCE	HER NUMBER	VOUCHER DATE
KEAN I.D.	Ext	ADDRESS	The state of		
DATE	DESCRIPTION OF EXP	ENSE			AMOUNT
	Ex: Hotel, Meals, Conf, Registration, Transportation, Misc, etc				
				_	
			_		
TOTAL NUMBER OF MILES = @ \$0.67 =					
TOTAL			S		
TOTAL					
ATTACH ORIGINAL RECEIPTS					
EMPLOYEE CERTIFICATION					
I certify that the above expenses are correct in all respects; that the distances as charged have been actually and necessarily traveled by me on the dates therein					
specified; that the amount as charged has been actually paid for by me for traveling expenses; that no part of the account has been paid by the university,					
but the full amount is due. I also CERTIFY that on the date(s) when the above					
items of expense were incurred, the vehicle I was using on university business was covered by liability insurance as follows: Official St					
Company:					
	Normal Commutation	n - Mileage:		Cost:	
Coverage. \$	(BODILY INJURY) \$ (PROPERTY DAMAGE)				
EMPLOYEE'S SIGNATURE————————————————————————————————————					
Date Submitted Dept. Name					Date
	Ext				
1100					

ATTACH ORIGINAL RECEIPTS PURSUANT TO TRAVEL REGULATIONS
ACCOUNTING-FILE COPY

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