BT, BPO or P.O. Number

KEAN UNIVERSITY
TRAVEL REIMBURSEMENT FORM

NAME _____

STREET _____

CITY _____ STATE____ ZIP _____

E-MAIL ADDRESS _____

KEAN I.D. _____ Ext.____ ☐ ADDRESS CHANGE

FUND	COST CENTER	OBJECT

VOUCHER NUMBER	VOUCHER DATE

DATE	DESCRIPTION OF EXPENSE Ex: Hotel, Meals, Conf, Registration, Transportation, Misc, etc	AMOUNT
	TOTAL NUMBER OF MILES = _____ @ $0.67 =	
	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:

Company: _____

Coverage: $_____ (BODILY INJURY) $_____ (PROPERTY DAMAGE)

EMPLOYEE'S SIGNATURE _____

Date Submitted _____

Title _____ Ext. _____

Official Station _____

Normal Commutation - Mileage: _____ Cost: _____

SUPERVISOR APPROVAL _____

Dept. Name _____ Date _____

KNJ 54-2 - B 1/13

ATTACH ORIGINAL RECEIPTS PURSUANT TO TRAVEL REGULATIONS

ACCOUNTING-FILE COPY