KEAN UNIVERSITY TRAVEL REIMBURSEMENT FORM

NAME			FUND	COST CENTER OBJECT
STREET	V			
	STATE ZIP			
E-MAIL ADDRESS		ADDRESS	VOUCHER	R NUMBER VOUCHER DATE
KEAN I.D	Ext	CHANGE		
DATE	DESCRIPTION OF EXPE			AMOUNT
	Ex: Hotel, Meals, Conf, Registration, Tra	nsportation, Misc, etc		
1				
		A		
TOTAL NUMBER OF MILES =@ \$ 0.31=				
			TOTAL	\$
				ATTACH ORIGINAL RECEIPTS
charged have been specified; that the traveling expenses; but the full amount items of expense we	EMPLOYEE CERTIFICATION bove expenses are correct in all respects; that the distances as actually and necessarily traveled by me on the dates therein amount as charged has been actually paid for by me for that no part of the account has been paid by the university, is due. I also CERTIFY that on the date(s) when the above ere incurred, the vehicle I was using on university business was insurance as follows:	Official Station		
Company:				
	\$	Normal Commutation	n - Mileage: _	Cost:

Official Station
Normal Commutation - Mileage: Cost:
SUPERVISOR APPROVAL
SUPERVISOR APPROVAL
Dept. Name Date
SUANT TO TRAVEL REGULATIONS