

III. WHERE TO OBTAIN FORMS

1. Sample Forms

- Form A - Travel Authorization Form
- Form B – Travel Expense Invoice
- Form C – Ethics Compliance Form
- Form D – Travel Pre-Payment Form
- Form E – Mileage Calculator
- Form F – Center for Professional Development (CPD) Application/Managers & Staff
- Form G – Center for Professional Development (CPD) Application/Faculty & Librarians
- Form H – Center for Professional Development (CPD) Application/Student
- Form I – Grant Application

2. Travel Flow Chart

3. Authorized Reimbursement Rates

4. Detailed Travel Grid

REQUEST FOR TRAVEL AUTHORIZATION – FORM A

AUTHORIZATION #



KEAN UNIVERSITY
REQUEST FOR TRAVEL AUTHORIZATION

Name _____
 Address _____

 Kean I.D. # _____
 Title _____

FUND	COST CENTER	OBJECT

E-mail: _____

Departing _____ AM ___ PM ___ **Destination** _____

Returning _____ AM ___ PM ___

Is the employee's travel being **totally** paid for with University funds, grant funds held by the University or personal funds? Yes _____ NO _____

IF NO, please complete the Application for University Travel (Located on ORSP website) and attach it to the Travel Authorization Form.

Names and titles of other employees traveling on same mission:

REASON FOR TRAVEL

ESTIMATE OF TOTAL CHARGES TO BE INCURRED

<u>ITEM</u>	<u>AMOUNT</u>
TOTAL	

UNIVERSITY APPROVALS

Department Chair / Director _____	Date _____
Dean / Supervisor _____	Date _____
Division Vice President _____	Date _____
V.P. Administration & Finance _____	Date _____

REQUIRED SIGNATURE

ETHICS LIAISON OFFICER USE ONLY

Approved _____ Disapproved _____


Ethics Liaison Officer _____ Date _____

TRAVEL EXPENSE VOUCHER - FORM B

TRAVEL EXPENSE VOUCHER

KEAN

UNIVERSITY



ACCOUNT NUMBER

FUND	COST CENTER	OBJECT

TOTAL AMOUNT

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TRANSACTION DATE

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VOUCHER NUMBER

V

(FOR ACCOUNTING USE ONLY)

WRITE NAME AND ADDRESS OF EMPLOYEE

NAME _____

STREET _____

CITY _____

STATE / ZIP CODE _____

ADDRESS CHANGE

SOCIAL SECURITY NUMBER

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DATE	ITEMS (In Detail)	TRANSPORTATION		SUBSISTENCE		OTHER	SUNDRIES <i>(Explain Fully)</i>
		AUTO Miles	OTHER <i>(Specify)</i>	HOTEL	MEALS	MEALS <i>(Specify)</i>	
TOTALS							

EMPLOYEE CERTIFICATION	Travel Form "B" Number	TOTAL AMOUNT
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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: \$ _____ (IDENTIFIED) \$ _____ (PROPERTY DAMAGE)

Employee's Signature: _____
 Title: _____

Official Station: _____
 Normal Commutation - Mileage: _____ Cost: _____
 Supervisor Approval: _____ COST CENTER DIRECTOR
 Dept. Name: _____ Date: _____
 PRESENT ALREADY ALLOWED AND DEBITED: _____
 SIGNATURE OF SUPERVISOR'S APPROVAL: _____
 TITLE: _____ DATE: _____

ATTACH ORIGINAL RECEIPTS WHEN REQUIRED PURSUANT TO TRAVEL REGULATIONS.

KNJ 54-2 (9-99) ACCOUNTING-FILE COPY



KEAN UNIVERSITY TRAVEL

Ethics Compliance Form

Please read and answer the following questions as necessary.

If you are receiving external funding, is the source an “interested party” or have any business dealings with Kean University? If yes, please explain the relationship.

No Yes _____

If the event sponsor or another third party is paying for any related costs, please answer the following questions:

Is the sponsor/third party a not-for-profit organization? No Yes

If yes, is the employee or University a member of this organization? No Yes

Is the sponsor/third party paying for any of the following?

Meals No Yes

Accommodations No Yes

Travel No Yes

Event Fees No Yes

Entertainment No Yes

Honoraria/Fee No Yes

Other (please explain) No Yes

Attendance approved: No Yes

Comments: _____

Ethics Liaison Officer

Date



**KEAN UNIVERSITY
OFFICE OF FINANCIAL SERVICES**

TRAVEL PRE-PAYMENT CHECK REQUEST FORM

PLEASE CHECK ONE: MAIL <input type="checkbox"/> PICK -UP <input type="checkbox"/> Voucher Number _____	
PAYEE NAME AND ADDRESS	
Payee _____	
Address _____	
City _____	
State _____	Zip _____
BT Number	
Employee Name	
Date	
Phone / Extension	

**NOTE: ATTACH ALL SUPPORTING DOCUMENTATION FOR PRE-PAYMENT REQUEST.
(i.e. Registration Form, Hotel Confirmation, Invoice)**

DESCRIPTION	AMOUNT
UNIVERSITY APPROVAL	DATE

Director Of General Accounting

MILEAGE CALCULATOR - FORM E

**KEAN UNIVERSITY
REIMBURSEMENT FOR MILES TRAVELED**

MONTH

DATE	TOTAL MILES TRAVELED	NORMAL COMMUTE (HOME TO KEAN)	REIMBURSABLE MILES
1			0.0
2			0.0
3			0.0
4			0.0
5			0.0
6			0.0
7			0.0
8			0.0
9			0.0
10			0.0
11			0.0
12			0.0
13			0.0
14			0.0
15			0.0
16			0.0
17			0.0
18			0.0
19			0.0
20			0.0
21			0.0
22			0.0
23			0.0
24			0.0
25			0.0
26			0.0
27			0.0
28			0.0
29			0.0
30			0.0
31			0.0
TOTALS	0.0	0.0	0.0

Official Station: Kean University
Union, NJ

Example:

Home Station: _____
(City, State)

Rahway to Trenton back to Rahway:
Normal travel from home to University :
Reimbursable Mileage:

80 miles
20 miles
60 miles

Employee Signature _____
Supervisor Approval _____

Mileage: .31 cent per mile
Tolls: Need Receipts



KEAN UNIVERSITY

Application for Managers/ Professional Staff/ Staff Career Development

Please type information, table cells expand as information is inserted.

Name:	Date:
Department:	Position or Title:
ID #	Home mailing address:
Telephone Extension:	E-mail:

Please note that in the current fiscal year (07), travel support is limited to \$1,000 per individual for the entire fiscal year (July 1, 2006 – June 30, 2007) in support of the 3 categories listed below in #2. Request for travel outside the 48 contiguous states must be approved by the President of the University.

1. Employee Status:		2. Specify the nature of the travel, pick from the choices below.	
<input type="checkbox"/>	Manager	<input type="checkbox"/>	Staff Training & Seminars
<input type="checkbox"/>	Professional Staff - full time	<input type="checkbox"/>	Conventions & Conferences: Attendance
<input type="checkbox"/>	Support Staff – full time	<input type="checkbox"/>	University Required Attendance/Regular University Business
<input type="checkbox"/>	Support Staff – other	<input type="checkbox"/>	Other (please explain in cell below)
<input type="checkbox"/>	Other (please explain)		

#2 Other:

3. Title of event / Name of conference:

4. Location:

5. Date(s) attending:

Please remember to send with your application appropriate documents confirming the nature of your request (e.g., a conference program, relevant brochures, invitation letters, conference announcements etc.).

6. Have you received an award in the 2007 fiscal year?

If you have reached or exceeded the \$1000 limit, please sign/date in the appropriate space at the end of the application and forward with a Request for Travel Authorization Form (for insurance purposes).

I have already received an award this fiscal year:	Date(s) of award:	Amount of award(s):
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If your response is "I have not received an award this fiscal year" then proceed to #7.

7. Describe the ways in which the program you are proposing will enhance your career development. Please address the following explicitly:

(a) How will this activity advance your professional development?

(b) How will this activity advance student learning or enhance student services directly or indirectly?

(c) How will this activity advance the campus community?

5. If you are requesting support for a creative presentation, please give below in less than 50 words and abstract/synopsis of the presentation.

Please continue on next page

8. ESTIMATED COST

Instructions: Be as specific in your budget projections as possible, completing all appropriate sections.

Please visit our website for www.kean.edu/~cpd for more details.

Item:	Dollar amount
Registration Fees (Up to \$500)	
Hotel Charges (Limited to \$200/night)	
Transportation – Airfare/Rail (Coach or business class)	
Transportation – Ground (Calculate beginning at 1000 Morris Ave, Union - \$0.31 per mile for car travel)	
Car Rental (Car rentals when cost-effective limited to \$30/day)	
Meals (Per-diems are set at \$36/day)	
Tuition	
Materials and Supplies	
Equipment	
Other (please explain)	
Total	

The information stated on this application is accurate to the best of my knowledge. I will make every attempt to recognize Kean University during the activities in which I plan to participate. Please remember to complete a separate REQUEST FOR TRAVEL AUTHORIZATION FORM (with necessary signatures) and send to the Center for Professional Development (L145).

Signature of Applicant	Date of application
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KEAN UNIVERSITY

Application for Faculty and Librarian Travel Support

Please type information, table cells expand as information is inserted.

Name:		Date:	
Department:		ID #	
Telephone Extension:		E-mail	
Home mailing address:			
Please note that in the current fiscal year (07), travel support is limited to \$1,000 per individual for the entire fiscal year (July 1, 2006 – June 30, 2007) in support of the 3 categories listed below in #2. Request for travel outside the 48 contiguous states must be approved by the President of the University.			
1. Employee Status:		2. Specify the nature of the travel, pick from the choices below:	
<input type="checkbox"/>	Faculty – full time	<input type="checkbox"/>	Presentation of original research/scholarship/creative works
<input type="checkbox"/>	Faculty – adjunct	<input type="checkbox"/>	Active Participation/Professional Presentation
<input type="checkbox"/>	Librarian	<input type="checkbox"/>	University-Initiated Travel
3. Name of conference			
4. Location:		5. Date(s) attending:	
<i>Please remember to send with your application appropriate documents confirming your paper presentation or attendance (e.g., a schedule of talks, a conference program, relevant brochures, invitation letters, conference announcements etc.).</i>			
6. Have you received an award in the 2007 fiscal year? If you have reached or exceeded the \$1000 limit, please sign/date in the appropriate space at the end of the application and forward with a Request for Travel Authorization Form (for insurance purposes).			
<input type="checkbox"/>	I have already received an award this fiscal year		If your response is "I have not received an award this fiscal year" then proceed to #7.
Date of award:			
Amount of award:			

7. Describe the ways in which the program you are proposing will enhance your career development. Please address the following explicitly:

a) How will this activity enhance your teaching effectiveness and/or student learning?

b) How will this activity advance your professional development and scholarly contributions?

c) How will this activity advance your college or the campus community?

Please continue on next page

8. ESTIMATED COST


Instructions: Be as specific in your budget projections as possible, completing all appropriate sections.

Please visit our website for www.kean.edu/~cpd for more details.

Registration Fees (Up to \$500)	
Hotel Charges (Limited to \$200/night)	
Transportation – Airfare/Rail (Coach or business class)	
Transportation – Ground (Calculate beginning at 1000 Morris Ave, Union - \$0.31 per mile for car travel)	
Car Rental (Car rentals when cost-effective limited to \$30/day)	
Meals (Per-diems are set at \$36/day)	
Tuition	
Materials and Supplies	
Equipment	
Other (please explain)	
Total	

The information stated on this application is accurate to the best of my knowledge. I will make every attempt to recognize Kean University during the activities in which I plan to participate. Please remember to complete a separate REQUEST FOR TRAVEL AUTHORIZATION FORM (with necessary signatures) and send to the Center for Professional Development (L145).

Signature of Applicant	Date of application
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 KEAN UNIVERSITY		
Application for Student Travel Support <i>Please type information, table cells expand as information is inserted.</i>		
Name:	Date:	
E-mail	Student ID #	
Cell/home number:	Secondary phone number:	
Home mailing address:		
Please note that in the current fiscal year (07), travel support is limited to \$1,000 per individual for the entire fiscal year. Student travel is supported for presentation of original research/scholarship/creative works sponsored by a Kean faculty member. Request for travel outside the 48 contiguous states must be approved by the President of the University.		
1. Student Status		
	Student – Undergraduate – Full time	Undergraduate – Part time
	Student – Graduate	Graduate – Part time
2. Name/department of sponsoring faculty member:		
3. Name(s) of other student(s) requesting travel support for the same conference:		
4. Name of conference		
5. Location:	6. Date(s) attending:	
Please note that in the current fiscal year (07), travel support is limited to \$1,000 per individual for the entire fiscal year (July 1, 2006 – June 30, 2007).		
7. I have already received an award this year:	Date of award:	Amount of award:

8. ESTIMATED COST
 Instructions: Be as specific in your budget projections as possible, completing all appropriate sections.

Please visit our website for www.kean.edu/~cpd for more details.

Item:	Dollar Amount
Registration Fees (<i>Up to \$500</i>)	
Hotel Charges (<i>Limited to \$200/night</i>)	
Transportation – Airfare/Rail (<i>Coach or business class</i>)	
Transportation – Ground (<i>Calculate beginning at 1000 Morris Ave, Union - \$0.31 per mile for car travel</i>)	
Car Rental (<i>Car rentals when cost-effective limited to \$30/day</i>)	
Meals (<i>Per-diems are set at \$36/day</i>)	
Tuition	
Materials and Supplies	
Equipment	
Other (please explain)	
Total	

The information stated on this application is accurate to the best of my knowledge. I will make every attempt to recognize Kean University during the activities in which I plan to participate.

Signature of Applicant	Date:
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Signature of sponsoring faculty member	Date:
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GRANT-FUNDED TRAVEL FORM

OFFICE OF RESEARCH & SPONSORED PROGRAMS *Division of Institutional Advancement*

Application for Grant Funded Travel Authorization Estimated time of Completion: 5 minutes or less	
Name:	Date: <i>format MM/DD/YYYY</i>
Department:	Position or Title:
Telephone Extension:	Home mailing address:
E-mail	
1. Project Details	
Name of Grant-Funded Project	
Source of Funding:	
Cost Center:	
2. Travel Details	
Name of Person(s) Traveling:	
Dates of Travel:	
Destination: City	State
Name of Venue (Conference, workshop, be specific):	
3. Funding Details	
Please Describe the Reason for the Request:	
Is This Budgeted in the Initial Grant Proposal Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, What is the Initial Amount of Dollars in the 5030 Line:	
If No, How Will it Be Covered?	

4. Estimated Cost		
Using the form provided please prepare an estimated cost for your Grant Funded Travel Activity		
Workshops, Courses, Conferences, Etc.		
Registration Fees		
Hotel Charges		
Transportation—Airfare/Rail		
Transportation—Ground		
Meals		
Tuition		
Materials and Supplies		
Equipment		
Other (please explain)		
Total		
The information stated above is accurate to the best of my knowledge.		
Signature of Person Traveling		Date
Signature of Other Person(s) Traveling		
5. Endorsements		
Signature of Project Director:		Date:
Signature of VPFA		Date:
ORSP Notes and Endorsements:		Date:
Authorization Number:	Amount Approved:	

TRAVEL FLOW CHART

RESEARCH / PROF DEVELOPMENT TRAVEL
(UNIVERSITY FUNDED)

DEPARTMENT CHAIR / DIRECTOR

DEAN/SUPERVISOR

CENTER FOR PROFESSIONAL DEVELOPMENT – only if funded by CPD

DIVISION VICE PRESIDENT

VICE PRESIDENT OF ADMIN & FINANCE
ETHICS COMPLIANCE OFFICER

FINANCIAL SERVICES

GRANT TRAVEL
(NOT FUNDED BY THE UNIVERSITY)

DEPARTMENT CHAIR / DIRECTOR

DEAN/SUPERVISOR

ORSP GRANT PROJECT OFFICER

DIVISION VICE PRESIDENT

VICE PRESIDENT OF ADMIN & FINANCE
ETHICS COMPLIANCE OFFICER

FINANCIAL SERVICES

AUTHORIZED REIMBURSEMENT RATES

A. TRANSPORTATION

Mileage Rate

Current allowable rate associated with the use of a private automobile used for official University business is currently .31 cents per mile.

Car rentals may not exceed the prevalent rate in the area at the time of rental. Rentals should be limited to mid-size or smaller cars.

B. LODGING AND MEALS

For conventions, conferences, staff training, workshops, training seminars and for trips in excess of 24-hour periods requiring overnight lodging (including situations in which a package agreement includes lodging and meals as an integral part of the scheduled activities), the allowable per diem reimbursement is limited to actual reasonable expenditures. No receipts required for any of the three meals. The maximum allowable reimbursements for meals are as follows:

Breakfast	\$ 8.00
Lunch	\$ 8.00
Dinner	\$ 20.00
TOTAL	\$ 36.00 per day

C. MEAL ALLOWANCE FOR OVERTIME WORK

The meal allowance for non-compensated overtime are as follows:

Breakfast	\$ 2.50
Noon Day Lunch	\$ 3.50
Dinner	\$ 7.50
Midnight Breakfast	\$ 2.50

TRAVEL GRID
KEAN UNIVERSITY TRAVEL

	REQUIRED FORMS	LOCATION	REQUIRED SIGNATURES	PROCEDURES
Dept Travel University Funded	1. Request for Travel Authorization	Dean Office 3rd Floor Administration Bldg	Department Chair / Director Dean / Supervisor Division Vice President V.P. Administration & Finance Ethics Liaison Officer	Fill out the form and enter cost center Get Department Chair / Director and Dean / Supervisor signatures Forward to Division Vice President Division Vice President will forward to V.P. Admin and Ethics Officer V.P. Admin and Ethics Officer will approve V.P. Admin will forward to Financial Services (Ana Cardona ext 7-3296) Financial Services will assign Blanket Travel number (BT) F.S. will return to employee (inter-office mail) Employee will return travel expense voucher to Kathy Riley, ADM 3rd FL within 45 days after end of travel
Grant - Funded Department NOT FUNDED BY THE UNIVERSITY	1. Grant - Funded Travel Form 2. Request for Travel Authorization	http://orsp.kean.edu/grantsfundedtravel.html Dean Office 3rd Floor Administration Bldg	Department Chair / Director Dean / Supervisor ORSP Grant Project Officer Division Vice President V.P. Administration & Finance Ethics Liaison Officer	Fill out both forms Get Department Chair / Director and Dean / Supervisor signatures Dean / Supervisor will forward to ORSP for approval Grant Officer will forward to Division Vice President Division Vice President will forward to V.P. Admin and Ethics Officer V.P. Admin and Ethics Officer will approve V.P. Admin will forward to Financial Services (Ana Cardona ext 7-3296) Financial Services will assign Blanket Travel number (BT) F.S. will return to employee (inter-office mail) Employee will return travel expense voucher to Kathy Riley, ADM 3rd FL within 45 days after end of travel
Center for	1. C.P.D Application;	http://orsp.kean.edu/	Department Chair / Director	Fill out both ORSP application and travel authorization form

Professional	choose appropriate form:	Dean Office	Dean / Supervisor	Get Department Chair / Director and Dean / Supervisor signatures
Development	- Form for Faculty	3rd Floor Administration Bldg	Center for Professional Dev	Dean / Supervisor will forward to Center for Professional Development
University Funded	- Form for Managers		Division Vice President	Appropriate committee will determine approval
	- Form for Professional Staff		V.P. Administration & Finance	C.P.D. will forward to Division Vice President
	2. Request for Travel Authorization		Ethics Liaison Officer	Division Vice President will forward to V.P. Admin and Ethics Officer
				V.P. Admin and Ethics Officer will approve
				V.P. Admin will forward to Financial Services (Ana Cardona ext 7-3296)
				Financial Services will assign Blanket Travel number (BT)
				F.S. will return to employee (inter-office mail)
				Employee will return travel expense voucher to Kathy Riley, ADM 3rd FL
				within 45 days after end of travel
Outside	1. Ethics Compliance	http://orsp.kean.edu/ethicsform.html	Department Chair / Director	If answer "NO" to Ethics question
Sources	Form	Dean Office	Dean / Supervisor	Fill out both forms
NON- UNIVERSITY	2. Request for Travel	3rd Floor Administration Bldg	Division Vice President	Get Department Chair / Director and Dean / Supervisor signatures
NON - GRANT	Authorization		V.P. Administration & Finance	Forward to Division Vice President
NOT PERSONAL			Ethics Liaison Officer	Division Vice President will forward to V.P. Admin & Ethics Officer
				V.P. Admin and Ethics Officer will approve
				V.P. Admin will forward to Financial Services (Ana Cardona ext 7-3296)
				Financial Services will assign Blanket Travel number
				Financial Services will return to employee (inter-office mail)
		Updated as of 9/29/06		