



2039 Kennedy Boulevard  
Jersey City, New Jersey 07305-1597

**Request for Travel Authorization**

\_\_\_\_\_  
Date Department

\_\_\_\_\_  
Employee Name Employee Title

Reason for Travel:       College Business       Conference/Convention       Staff Training

Explain reason and list names of other employees attending:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Travel Description**

			Departure			Arrival			Estimated Cost
Air	Rail	Auto	City	Date	Time	City	Date	Time	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			___ a.m. ___ p.m.			___ a.m. ___ p.m.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			___ a.m. ___ p.m.			___ a.m. ___ p.m.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			___ a.m. ___ p.m.			___ a.m. ___ p.m.	

Hotel: Name: \_\_\_\_\_  Single  Twin  
 Dates Needed: \_\_\_\_\_ through \_\_\_\_\_ # of nights \_\_\_\_\_ @ \$ \_\_\_\_\_ per night

Car Rental: City: \_\_\_\_\_ # of days: \_\_\_\_\_  
 Dates Needed: \_\_\_\_\_ through \_\_\_\_\_ # of Days \_\_\_\_\_ @ \$ \_\_\_\_\_

Meals: Enter # of each required:  
 Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

Other Expenses: Please explain. (Use additional sheets if necessary)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Charge Account # \_\_\_\_\_ Total Cost: \_\_\_\_\_

Approval:  
 \_\_\_\_\_  
 DEPARTMENT CHAIR  
 \_\_\_\_\_  
 DEAN  
 \_\_\_\_\_  
 VICE PRESIDENT  
 \_\_\_\_\_  
 PRESIDENT