



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

Air	Rail	Auto	Departure City	Date	Time	Arrival City	Date	Time	Estimated Cost
<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 \_\_\_\_\_