



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