

College of Arts and Sciences
University of Louisville

Request for Authorization of Travel
within the United States or Canada

Department : _____ Date of Request : _____

Name of Traveler : _____ Position : _____

Destination (s) : _____

Dates of Travel : _____

Purpose of Trip : _____

Expenses : ("Total Authorized" to be indicated by the person authorizing the travel)

Item	Comment	Projected Expenditures (\$)
Airfare		
Auto Mileage		
Auto Rental		
Lodging		
Meals		
Registration Fee		
Other		

Total Requested _____

Total Authorized _____

Additional Comments : _____

I hereby certify that it is necessary for the traveler named above to make this trip in connection with the duties of his or her University position.

Traveler's Signature : _____ Date : _____

Authorizer's Signature : _____ Position : _____ Date : _____

Funding Source (s) :

Account No.	Amount	Authorization (initials only)
_____	_____	_____
_____	_____	_____
_____	_____	_____

T # (if any) _____

Authorization is required for any travel using funds to be paid from any University account. One copy of the signed form to be returned to the traveler and one copy to be retained in the office of the authorizer.