

College of Arts and Sciences, University of Louisville

Request for Authorization of Travel

Department: _____ Date of Request: _____

Name of Traveler: _____ Title: _____

Destination(s): _____

Dates of Travel: _____

Purpose of Trip: _____

How are your duties being covered during your absence? _____

EXPENSES:

ITEM	COMMENT(S)	METHOD OF PAYMENT (Personal, Concur, Dept., etc.)	PROJECTED EXPENSE \$
Airfare			
Auto Mileage			
Lodging			
Meals			
Registration			
Other			
Insurance	Required for international travel and costs \$16.95/wk		

***To be indicated by person authorizing travel**

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 their position at UofL.

Traveler's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

FUNDING SOURCE(S):

Speedtype	Amount	Funding Source Authorization Signature

Authorization is required for all University related travel. One copy of signed form to be returned to traveler and one copy to be retained by unit business manager for speedtype reconciliation.