

**University of Louisville  
Travel Advancement Reconciliation Form**

Employee ID# \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Invoice # \_\_\_\_\_  
 Department: \_\_\_\_\_

Vendor # \_\_\_\_\_

**CHARGE:**

Account	Fund	Dept ID	Program			Amount

Total Charge: \_\_\_\_\_

**CREDIT:**

Account	Fund	Dept ID	Program			Amount

Total Credit: \_\_\_\_\_

Amount Due Employee: \_\_\_\_\_

Amount Due the University: \_\_\_\_\_