

**University of Louisville
Request for Travel Advancement**

Employee ID# _____ Date: _____
 Name: _____ Dept Name: _____
 Home Address: _____ Dept Address: _____
 _____ Dept Phone#: _____

Vendor # _____
 Invoice # _____

Speed Type	Account	Amount
	155120	

Destination: _____
 Date of Trip: _____

Purpose:

Itemized Requested Amount:	
Lodging	_____
Substance	_____
Misc	_____
Total:	_____

Employee Signature

Supervisor's Signature

Authorized Signature