

A&S Authorization for Travel

Authorization is required for all University-related 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? _____

Does this request include any personal time? If so, please list dates: _____

ITEM	COMMENT(S)	METHOD OF PAYMENT (Personal, Concur Travel, Procard, etc.)	PROJECTED EXPENSE \$
Airfare			
Lodging (including est. taxes)			
Rental Car	National or Enterprise only		
Meals	Per Diem		
Mileage/Gas (roundtrip)			
Registration			
Other (parking, taxis, baggage, etc.)			
Insurance	Required for international travel \$16.95/week		

TOTAL REQUESTED	
TOTAL AUTHORIZED (completed by the person authorizing travel)	

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. I understand all travel expenses must comply with current University policy. Unallowable expenses will not be paid.

Traveler's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

OFFICE USE ONLY - FUNDING SOURCE(S):

Speedtype	Amount	Funding Source Authorization Signature