

UNIVERSITY of LOUISVILLE

Office of the Provost Request for Authorization of Out-of-Country Travel

This request must be approved by the Office of the Provost. Once approved, it will be sent to the Controller's Office. This approved form must be received at least fifteen (15) working days before the start of travel. All blanks must be completed. This form should be typed or printed legibly, and forwarded to Ms. Debbie James, 104 Brodschi Hall.

Your Email Address

T#: _____
Contact Name: _____
Phone: _____

Date of Request: _____

Employee Name: _____
Department: _____
Position Title: _____

Destination: _____
Departure Date: _____ Return Date: _____
Do any dates include personal time? If so, list dates: _____

Purpose of Trip: _____

How will your University responsibilities be covered during your absence? List person(s) covering:

Funding Sources(s): Must be initialed by person with account authority.

Acct #: _____	Amount: _____	Approved by: _____
Acct #: _____	Amount: _____	Approved by: _____
Acct #: _____	Amount: _____	Approved by: _____

Total estimated cost of trip: \$ _____

I certify that it is necessary for the employee named above to make this trip on official business connected with the duties of his/her position.

Person Requesting Approval

Date: _____

Department Head or Supervisor

Date: _____

Dean

Date: _____

Provost or Designee

Date: _____