## 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 Virginia Hosono, Brodschi Hall.

UofL E-mail:		Department Conta	ct Name: [		
Date of Request:			Phone:		
Employee Name:					
Department:					
Position Title:					
Destination:					
Departure Date:	Return Date:				
Do any dates include perso	onal time? If so, list da	ites:			
Purpose of Trip:					
How will your University resp	onsibilities be covered	l during your absence?	List perso	n(s) covering	j.
Funding Sources(s): Must be in	nitialed by person with	account authority.			
Acct. #:	Amount:		Approv	ved by:	
Acct. #:	Amount:		Approv	ved by:	
Acct. #:	Amount:		Approv	ved by:	
Total estin	nated cost of trip:				
certify that it is necessary for the emplo	yee named above to ma	ke this trip on official bu	siness conne	ected with the	duties of his/her
osition.					
Person Requesting Approval		Date:			
3 PP					
Department Head or Supervisor		Date:			
		Date:			
Dean		<i>Dutc.</i>			
Provost or Designee		Date:			
1 10 vost of Designee					