

**University of Louisville  
Travel Advancement Reconciliation Form**

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

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

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

Invoice # \_\_\_\_\_

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

Department: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHARGE:**

Account	Fund	Dept ID	Program	Proj/Grant	Amount

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

**CREDIT:**

Account	Fund	Dept ID	Program			Amount

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

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

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