**Fellow Business Travel Authorization Request**

- This form must be completed and submitted to the Fellowship Coordinator at least 60 days prior to travel.
- Exceptions to the 60 day policy will be accepted on a case-by-case basis with sufficient justification.
- Any travel without prior approval may be disapproved for reimbursement.
- For international travel, you MUST attach the forms available at [http://louisville.edu/provost/travel](http://louisville.edu/provost/travel) and the Fellow Foreign National Travel Form (if on visa).
- For conferences, an agenda or itinerary MUST be attached.
- For speaking engagements or presentations, a supportive document such as an invitation or agenda MUST be attached.
- For all other business travel, please provide sufficient justification to document that the travel relates to your current position/duties.

Examples of travel not specifically referenced above may include (but are not limited to) the following: travel for formal and informal collaborations, travel for equipment training/certification or research experiments performed off-site.

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**Name:** __________________________

**Date Requested:** __________________________

**Dates of Trip:** __________________________ to __________________________

**Destination:** __________________________

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**Purpose of Travel:** __________________________

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### ESTIMATED COST

**AIRFARE OR MILEAGE:** $__________

- Airfare should be purchased through the University contracted travel agency, Anthony Travel. Please attach a quote to the travel request form.
- Personal vehicles should not be used on trips over 200 miles roundtrip. Pre-approval is required. Airfare quotes are still required if electing to drive. Price comparisons must be made.

**HOTEL:** $__________

**MEALS:** $__________

**REGISTRATION:** $__________

**MISC.:** $__________

### COVERAGE

*Do not submit request without coverage and approval.*

**Service:** ULH/J  VA  BMT

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Name and signature of fellow covering

**Weekend Call (include dates):**

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Name and signature of fellow covering

**Clinics:** BCC  VA

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Name and signature of fellow covering

**Has (have) the attending(s) been notified?**

Yes  No

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**FELLOW SIGNATURE:** __________________________  **DATE:** __________________________

**PROGRAM DIRECTOR SIGNATURE:** __________________________  **DATE:** __________________________

**FINANCIAL APPROVAL SIGNATURE:** __________________________  **DATE:** __________________________

COMPLETED FORMS SHOULD BE RETURNED TO THE FELLOWSHIP COORDINATOR, CTR ROOM 115

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**BCC HR USE ONLY**

**Total Days Requested:** ________________

**Total Travel YTD:** ________________

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Form Revised 6/16/17
**Multiple meetings location sheet:**

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<th>Dates From</th>
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<th>Destination (City &amp; Country)</th>
<th>Meeting/Conference Name</th>
<th>Comments</th>
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