

**UNIVERSITY OF MARYLAND
TRAVEL AUTHORIZATION FORM**

All shaded areas for Travel Services use only

TSR

SEE INSTRUCTIONS PRIOR TO COMPLETION OF THIS FORM.

1. College/Department/Unit Name:
2. College/Department/Unit Acronym:

3. Name of Approving Authority for Unit Head <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	
4. Title of Approving Authority for Unit Head	5. Telephone ()

6. Unit Head Name <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		7. Title	
8. Room Number	9. Building Name	10. Campus Zip	11. Telephone ()
12. Complete E-Mail Address		13. Social Security #	

14. I am the Unit Head responsible for approving travel transactions. I (the Undersigned) acknowledge and agree that travel transmissions approved using my UMID serve as the bonafide approval (signature) for any and all electronic or other travel documents. It is my responsibility to ensure that all transactions are in accordance with University System of Maryland Travel Policy, the University of Maryland, College Park, Travel Policy and Procedures, and departmental travel procedures.

15. Unit Head Signature _____ Date _____

I delegate signature authority to approve Travel Requests and Expense Statements to the staff listed below.
(A subordinate may not approve a supervisor's travel.)

16. Name <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		17. Title	
18. Room Number	19. Building Name	20. Campus Zip	21. Telephone ()
22. Complete E-Mail Address		23. Social Security #	

24. I understand that I am being delegated authority by my Unit Head to approve travel transactions. I (the Undersigned) acknowledge and agree that travel transmissions approved using my UMID serve as the bonafide approval (signature) for any and all electronic or other travel documents. It is my responsibility to ensure that all transactions are in accordance with University System of Maryland Travel Policy, the University of Maryland, College Park, Travel Policy and Procedures, and departmental travel procedures.

25. Signature _____ Date _____

16. Name <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		17. Title	
18. Room Number	19. Building Name	20. Campus Zip	21. Telephone ()
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25. Signature _____ Date _____

Please use continuation sheet for additional signature authorization.

Return completed and signed form to:

Travel Services, 2107 Patapsco Building #805, Campus Zip-6711
301.405.0607 travel@mercury.umd.edu http://www.dbs.umd.edu/travel Fax: 301.405.0555

TRAVEL AUTHORIZATION FORM - CONTINUATION SHEET

College/Department/Unit Name: _____

16. Name <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		17. Title	
18. Room Number	19. Building Name	20. Campus Zip	21. Telephone ()
22. Complete E-Mail Address		23. Social Security #	
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25. Signature _____		Date _____	

16. Name <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		17. Title	
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25. Signature _____		Date _____	

16. Name <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		17. Title	
18. Room Number	19. Building Name	20. Campus Zip	21. Telephone ()
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25. Signature _____		Date _____	

16. Name <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		17. Title	
18. Room Number	19. Building Name	20. Campus Zip	21. Telephone ()
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25. Signature _____		Date _____	

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UNIVERSITY OF MARYLAND
TRAVEL AUTHORIZATION FORM
INSTRUCTIONS

1. Provide the unit name as it appears in the Faculty/Staff Directory.
2. Provide the unit acronym (abbreviation) to which the unit is commonly referred (e.g., Department of Business Services = “DBS”).
3. Provide the name of the approving authority that can approve travel for the unit head (e.g. a chairperson’s travel must be approved at the Dean’s level). **Note: subordinates may not approve travel for the unit head.**
4. Title of the approving authority named in #3 above.
5. Telephone number for the approving authority named in #3 above.
6. Provide the name of the unit head for the unit named in #1.
7. Provide the title of the unit head approving authority named in #6.
- 8, 9, 10. Provide the campus address as it is provided in the Faculty/Staff Directory.
11. Provide the telephone for the unit head approving authority named in #6.
12. Provide the complete e-mail address for the unit head approving authority named in #6.
13. Provide the UMID (social security #) of the unit head approving authority.
14. The unit head should read and confirm in #15.
15. Provide the unit head approving authority signature in ink.
16. Provide the name of the person delegated by the unit head approving authority to approve travel.
17. Provide the title of the delegated approving authority named in #16.
- 18, 19, 20. Provide the campus address as it is provided in the Faculty/Staff Directory.
21. Provide the telephone number of the delegated approving authority named in #16.
22. Provide the complete e-mail address of the delegated approving authority named in #16.
23. Provide the UMID (social security #) of the delegated approving authority named in #16 .
24. Persons delegated signature authority should read and confirm in #25.
25. Provide the delegated approving authority signature in ink .

**For additional information, contact
Travel Services:**

travel@mercury.umd.edu
301.405.0607
<http://dbs.umd.edu/travel>

Complete a separate information box for each delegated approving authority. If more than two information boxes are needed, use the Travel Authorization Form-Continuation Sheet.