

**United States Department of Energy
Capital Accounting Center
Travel Authorization and Program Manager Signature Card**

Name: _____ Date: _____
Position Title: _____
Routing Symbol: _____ Building: _____ Phone: _____
Travel Organization Code: _____ *AFP/FT Code: _____
Signature: _____

Types of Documents Authorized (please check box)

- Approved Funding Program Change Request
- Procurement Authorization (Pr's, direct chargebacks, etc.)
- Claim for Reimbursement for Expenditure on Official Business (Local Travel)
- Travel Authorizations and Modifications
- Training Authorizations
- Training Invoice Payments
- Invoice Payment Approval
- Travel Authorizations and Modifications (actual expenses)
- Other (specify) _____

I certify to the signature and authority of the above individual for the document noted.

(NAME, TITLE, AND SIGNATURE OF AUTHORIZING OFFICIAL)

*AFP- Approved Funding Program (Financial Plan Symbol)
FT- Fund Type