

# Travel Approval / Delegation Authorization

This form authorizes a designated approval delegate to approve travel-related transactions on behalf of the traveler for the period listed below. All approvals must comply with applicable university, state, and federal travel policies and procedures. Delegations will only be used for periods where the approver is unavailable.

Traveler Name: \_\_\_\_\_ Traveler Department: \_\_\_\_\_

Delegate Name: \_\_\_\_\_ Delegate Department: \_\_\_\_\_

Delegate Position / Title: \_\_\_\_\_

Delegation Start Date: \_\_\_\_\_ Delegation End Date: \_\_\_\_\_

Reason for delegation: \_\_\_\_\_

By signing below, I acknowledge and approve this delegation of travel approval authority for the period specified above.

Traveler Signature: \_\_\_\_\_ Date: \_\_\_\_\_

UBO Signature: \_\_\_\_\_ Date: \_\_\_\_\_