

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

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

Position Title: \_\_\_\_\_

Routing Symbol: \_\_\_\_\_ Building: \_\_\_\_\_ Phone: \_\_\_\_\_

Reporting Entity/Fund Code: \_\_\_\_\_

Signature: \_\_\_\_\_

**Types of Documents Authorized (please check box)**

- Approved Funding Program Change Request
- Procurement Authorization (PRs, direct chargebacks, etc.)
- Claim for Reimbursement for Expenditure on Official Business (Local Travel)
- Travel Authorizations and Modifications
- Travel Vouchers
- 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)