

HQ F 1500.5
(1-87)

**U.S. Department of Energy
Office of Headquarters Accounting Operations
Travel Authorization and Program Manager Signature Card**

NAME: _____ DATE: _____

POSITION TITLE: _____

ROUTING SYMBOL: _____ BUILDING: _____ PHONE NO: _____

SIGNATURE: _____ TPS ORG CODE: _____

AFP/FT CODE(S): _____

TYPE OF DOCUMENTS AUTHORIZED (please check box)

- Approved Funding Program Change Request (DOE N 2100.1) _____
- Procurement Authorizations (PR's, direct chargebacks, etc.) _____
- Claim for Reimbursement for Expenditures on Official Business _____
- Travel Authorizations and Modifications _____
- Travel Vouchers _____
- Advance of Funds Application and Account _____
- Training Authorizations _____
- Training Invoice Payments _____
- Invoice Payment Approval _____
- Other (specify) _____

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

(Name, Title, and Signature of Authorizing Official)