



Financial Services

**Travel Proxy Form**

|                 |  |             |  |
|-----------------|--|-------------|--|
| Traveler Name   |  | Employee ID |  |
| Signature       |  |             |  |
| Campus Address  |  |             |  |
| School/Unit     |  |             |  |
| Department Name |  |             |  |
| Phone           |  |             |  |
| E-mail          |  |             |  |

|                 |  |             |  |
|-----------------|--|-------------|--|
| Proxy Name      |  | Employee ID |  |
| Signature       |  |             |  |
| Campus Address  |  |             |  |
| School/Unit     |  |             |  |
| Department Name |  |             |  |
| Phone           |  |             |  |
| E-mail          |  |             |  |

I hereby authorize \_\_\_\_\_, whose signature appears above, to have signature authority for my travel expense reimbursements for the time period beginning \_\_\_\_\_ and ending \_\_\_\_\_. Reason for proxy designation: \_\_\_\_\_

This form should only be used for trips longer than 30 days where the traveler is not able to connect to the website with any reliability or security. This form is only valid between the beginning and ending dates specified above.

|  |  |  |
|--|--|--|
|  |  | <b>Return completed form to:</b><br><br>Associate Director<br>Financial Services<br>The Saratoga Building<br>220 Arch Street, Room 02-143<br>Baltimore, MD 21201 |
| Department Head Signature                |  |  |
| Department Head Name (Please print/type) |  |  |
| Title                                    |  |  |
| Date                                     |  |  |

**FS USE ONLY**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

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

Travel Coordinator: \_\_\_\_\_ Date entered into Proxy Table: \_\_\_\_\_