

**UNIVERSITY OF MARYLAND  
TRAVEL CARD MANAGEMENT SYSTEM (TCMS)  
TRAVEL CARD APPROVING AUTHORITY RECORD (TCAAR)**

Date of Request: \_\_\_\_\_  
Cardholder Name: \_\_\_\_\_  
Cardholder UID: \_\_\_\_\_  
Department: \_\_\_\_\_

**TYPE OF REQUEST**

- Add** Approving Authority – Please complete information below.
- Remove** Approving Authority: \_\_\_\_\_  
(Name and UID)

**Approvers are authorized to review and approve Travel Card Transactions and Travel Card Logs**

By signing below, approver agrees to review the travel card transactions monthly to ensure

- travel card statements are reconciled with the travel card log
- all transactions are supported with a detailed receipt
- receipts are attached and filed with the travel card log
- all transactions are allowable, appropriate, and authorized by the department
- all transactions are recorded to the appropriate account
- approver signature on travel card log confirms compliance with travel policies
- approver agrees to perform the duties of reviewer/approver as detailed in travel policies and Travel Card Cardholder and Approver Responsibilities and Procedures, which is online at <http://www.dbs.umd.edu/travel/responsibilities>.

**Primary Approver**

Name: \_\_\_\_\_  
UID: \_\_\_\_\_  
Email: \_\_\_\_\_  
Tel. # \_\_\_\_\_  
Signature: \_\_\_\_\_

**Additional Approver**

Name: \_\_\_\_\_  
UID: \_\_\_\_\_  
Email: \_\_\_\_\_  
Tel. # \_\_\_\_\_  
Signature: \_\_\_\_\_

If adding more than two approvers, please complete additional forms.

**DEPARTMENT HEAD APPROVAL**

\_\_\_\_\_  
Department Head Printed Name and Title

\_\_\_\_\_  
Department Head Signature and Date