

**TRAVEL ADVANCE AUTHORIZATION  
DELEGATED SIGNATURE AUTHORITY  
FOR DIRECTOR, CHAIR, OR DEAN  
OF \_\_\_\_\_**

Department or Lab Name and Mail Code

\_\_\_\_\_  
Director, Chair, or Dean's  
Printed Name

\_\_\_\_\_  
Signature

Date this document was approved: \_\_\_\_\_

As indicated by the list provided below, I have delegated the following personnel authorization to approve Travel Advance Requests submitted by personnel in this department or lab. Authorizing signers have an understanding of Travel Advance requirements:

<http://policylibrary.gatech.edu/business-finance/travel-advances>.

**Authorized Signer's (Printed)  
Name, Title, & Phone Number:**

**Signature:**

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**Please send this list of original signatures to Georgia Tech Research Corporation (GTRC), ATTN: Travel Advances, 505 Tenth Street, Atlanta, Georgia 30332-0415, or by campus mail ATTN: GTRC Travel Advances, Mail Code 0415.**