**UMD CLA FINANCIAL TRANSACTION**

**ROUTING APPROVAL FORM**

**Preparer Name & Phone #:** **Vendor #:**

**Transaction Type:** **Transaction Date:**

**Transaction Number:**

**Account String: Fund****DeptID****Program/Project**

**Account** **CF1****CF2****EmplID**

**Justifications (5 Ws):**

Who:

What:

When:

Where:

Why:

How it relates to account string:

Balance in account string:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department Head Approval Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Collegiate Dean’s Office Approval Signature Date**

**(required for department head travel, reimbursements, & PCard)**